

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16-30, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 28, 2004		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: CITY OF COALINGA			Organizational Unit: Department: ECONOMIC DEVELOPMENT		
Organizational DUNS: 03-099-9361			Division:		
Address: Street: 155 West Durian Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: RICHARD		
City: City of Coalinga			Middle Name N.		
County: County of Fresno			Last Name WARNE		
State: California		Zip Code 93210		Suffix:	
Country: USA			Email: dwatt@coalinga.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000312			Phone Number (give area code) 559-935-1533		Fax Number (give area code) 559-935-5912
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Coalinga			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Environmental Assessment and Weather Analysis for Crosswind Runway at Coalinga Municipal Airport		
13. PROPOSED PROJECT Start Date: June 2004 Ending Date: September 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Calvin M. Dooley (20th) b. Project Calvin M. Dooley (20th)		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	150,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 28, 2004		
b. Applicant	\$	8,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	158,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix MR.		First Name RICHARD		Middle Name N.	
Last Name WARNE				Suffix	
b. Title CITY MANAGER				c. Telephone Number (give area code) 559-935-1533	
d. Signature of Authorized Representative				e. Date Signed 4/29/2004	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		2. DATE SUBMITTED 04/27/2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
2273 (Rev 5)					
5. APPLICANT INFORMATION					
Legal Name: Valley Economic Development Center, Inc.			Organizational Unit: Department: Pacoima Workforce Dev. Initiative		
Organizational DUNS: 17-108-7653			Division:		
Address: Street: 5121 Van Nuys Blvd., 3rd floor			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Roberto		
City: Van Nuys			Middle Name: E.		
County: Los Angeles			Last Name: Barragan		
State: CA		Zip Code: 91403		Suffix:	
Country:			rbarragan@vedc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-3139419			Phone Number (give area code): 818 - 907 - 9977		Fax Number (give area code): 818 - 907 - 9720
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552 TITLE (Name of Program): Technology Opportunities Program			9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northeast San Fernando Valley, City of Los Angeles, County of			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Pacoima Job Access Website Service (JAWS) project will provide an on-line service to local business for available job postings to help secure local jobs for local residents to address the high unemployment in the area.		
13. PROPOSED PROJECT Start Date: 10/01/2004 End Date: 09/30/2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 26 b. Project: 26,27,28,30,31		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 547,974.00 b. Applicant \$ 717,751.00 c. State \$ 0.00 d. Local \$ 0.00 e. Other \$ 0.00 f. Program Income \$ 10,000.00 g. TOTAL \$ 1,275,725.00			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/26/2004 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix Mr. First Name Roberto Middle Name E. Last Name Barragan Suffix b. Title President c. Telephone Number (give area code) 818 - 907 - 9977 d. Signature of Authorized Representative e. Date Signed 4/27/04					

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 01, 2004	Applicant Identifier R9-Tracking No. 04-143	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		
Legal Name: California Air Resources Board		Organizational Unit: Department:
Organizational DUNS: 828321871		Division: Administrative Services Division
Address: Street: 1001 I Street P.O. Box 2815 City: Sacramento County: Sacramento State: CA Zip Code: 95812		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Valinda Middle Name: Last Name: Debbs Suffix:
Country: USA		Email: vdebbs@arb.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0288069		Phone Number (give area code) (916) 322-8201
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Air Pollution Control Program Support 66-001		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Continue the ambient air monitoring programs, outreach, and coordination activities in Mexican Border cities
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project Statewide
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 7,043,489.00 b. Applicant \$ 20,515,127.00 c. State d. Local e. Other f. Program Income g. TOTAL 27,558,616.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Signature Date b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix Ms.	First Name Marie	Middle Name
Last Name LaVergne		Suffix
b. Title Chief, Administrative Services		c. Telephone Number (give area code) (916) 322-8198
d. Signature of Authorized Representative <i>Marie LaVergne</i>		e. Date Signed 4-29-04

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
				3. DATE RECEIVED BY STATE	State Application Identifier
				4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier R021438
5. APPLICANT INFORMATION					
Legal Name: State of California			Organizational Unit: Department:		
Organizational DUNS: 002540768			Division: California Energy Commission		
Address: Street: 1516 Ninth Street MS-1			Name and telephone number of the person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: John		
City: Sacramento			Middle Name:		
County: Sacramento			Last Name: Butler		
State: CA		Zip Code: 95814-5512		Suffix:	
Country:			Email:		
6. EMPLOYER IDENTIFICATION/DUNS NUMBER (EIN): 680364962			Phone Number (give area code): (916)654-4204		Fax Number (give area code): () -
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es). (See SF424 instructions for description of letters.) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (see SF424 instructions for Application Types) <input checked="" type="checkbox"/> State Government (State) Other (specify):		
Other (specify):			9. NAME OF FEDERAL AGENCY: U. S. Department of Energy		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): STATE ENERGY PROGRAM 81.041			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: STATE ENERGY PROGRAM		
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) Statewide					
13. PROPOSED PROJECT: Start Date 7/1/04 Ending Date 6/30/05			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 05 b. Project Statewide		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$2,977,000.00		a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/29/04		
b. Applicant	\$595,400.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State (incl. PVE)	\$4,600,786.56		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$0.00				
e. Other	\$0.00				
f. Program	\$0.00				
g. TOTAL	\$8,173,186.56		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES OF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Robert		Middle Name L.	
Last Name Therkelsen				Suffix	
b. Title Executive Director				c. Telephone Number (give area code) (916) 654-4996	
d. Signature of Authorized Representative				e. Date Signed	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 04/28/04	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name: St. Andrew's Court Development Corporation			Organizational Unit: Department: A California Corporation	
Organizational DUNS:			Division:	
Address: Street: 18543 Devonshire Street, #442			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Northridge			Prefix:	First Name: Leslie
County:			Middle Name	
State: CA			Last Name Gorospe	
Zip Code 91324			Suffix:	
Country: USA			Email: leslie.gorospe@pnc.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 10-0003629			Phone Number (give area code) 415-733-1523	Fax Number (give area code) 415-733-1555
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> Now <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) Profit Organization Other (specify)	
Other (specify)			9. NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-134 TITLE (Name of Program): Mortgage Insurance - Rental Housing			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: This financing proposal is for the new construction of a 41-unit market-rate apartment building that is near Los Angeles' downtown area. The source of financing consist of the proposed HUD loan and equity from the borrower.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, CA				
13. PROPOSED PROJECT Start Date: 6/2004 Ending Date: 6/2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-27th District b. Project CA-34th District	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	5,660,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2003	
b. Applicant	\$	450,188	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$			
g. TOTAL	\$	6,119,188		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Leslie		Middle Name	
Last Name Gorospe			Suffix	
b. Title Mortgage Analyst			c. Telephone Number (give area code) 415-733-1523	
d. Signature of Authorized Representative			e. Date Signed 4/28/04	

APPLICATION
FOR PTFP FUNDSOMB Approval
0650-0003

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550Check here if
Revised FormFor PTFP
Use

APPLICATION PART I

1. APPLICANT

Legal Name San Diego State University Foundation
Organizational Unit KPBS
Mailing Address (line 1) 5250 Campanile Drive
Address (line 2 if required) _____
City San Diego State CA2. Employer
ID # (EIN) 95-60427213. DUNS # 07-337-1346Main Station Call Letters KPBS FM 89.5
Radio MHz TV ChannelCounty San Diego Zip 92182-

4. Administrative Contact

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc. Position
Ms. Marni Levy Wilton Grant SpecialistPhone # (619) 594-2870Fax # (619) 594-4950

5. Engineering Contact

Full Name Mr. Leon Messenie
Title Director of Engineering & ITEngineer Phone (619) 594-8146E-mail lmessenie@kpbs.org

PROJECT INFORMATION

6a. Enter "Y" if
Reactivation N6b. Old
File # _____7. Enter "Y" if new
FCC authorizations Y
are required8. Enter the
Priority or
Category
under which
you request
the application
be reviewed

9. Enter letter(s) to classify project

(P)lanning or
(C)onstruction C(R)adio or (T)V
or (RT) for both R(B)roadcast or (N)onbroadcast
or (BN) for both B10. Length of
Project (# of
months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the
appropriate column ☒ NEW BROADCAST ☐ REPLACE or
facility; repeater. augment BROADCAST ☐ DIGITAL ☐ NONBROADCAST
translator. EQUIPMENT conversion of public radio activation or expansion
or TV station

Population Currently Served by station	167,518			
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others	0			

12. Single
Congressional
District of
Applicant1B5313. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-8)49,50,51,52

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 120,189
b. Applicant Share \$ 120,189
c. TOTAL \$ 240,378
d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the
State EO 12372 process for review on03/30/2004☐ NO ☐ Program is not covered by EO 12372☐ or Program has not been selected by
State for review16. Is applicant delinquent on
any Federal Debt?NOEnter YES or NO
If YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP
Rules if the assistance is awarded.Phone # (619) 594-6622Mr., Ms., Dr. First Name M. I. Last Name Jr. etc. Position
Ms. Camille Nebeker Interim Assistant VP for ResearchSignature of authorized
representativeDate
signed3/25/04

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kpbsfm04

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This form expires 10/31/2006 Previous Editions NOT usable

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/30/04 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY 		Applicant Identifier State Application Identifier Federal Identifier	
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5. APPLICANT INFORMATION Legal Name: Alameda Point Collaborative Organizational DUNS: 003685489 Address: Street: 677 Ranger Ave. City: Alameda County: Alameda State: CA Country: USA		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. Middle Name Last Name Suffix: Mr. Doug Biggs Email: dbiggs@apcollaborative.org Phone Number (give area code) (510)898-7849 Fax Number (give area code) (510)898-7858	
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 01-3361464 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Non-profit Organization Other (specify) 9. NAME OF FEDERAL AGENCY: Environmental Protection Agency 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community led research on bioremediation techniques on soil that has multiple toxic contamination affecting low income community at Alameda Point.	
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-604 TITLE (Name of Program): Environmental Justice Hazardous Substances Research Small Grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Alameda, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 13th b. Project CA 13th	
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13. PROPOSED PROJECT Start Date: 09/30/04 Ending Date: 09/30/05		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/30/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
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15. ESTIMATED FUNDING: <table style="width: 100%;"> <tr> <td>a. Federal</td> <td>\$</td> <td>25,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>25,000</td> </tr> </table>		a. Federal	\$	25,000	b. Applicant	\$		c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	25,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	25,000																						
b. Applicant	\$																							
c. State	\$																							
d. Local	\$																							
e. Other	\$																							
f. Program Income	\$																							
g. TOTAL	\$	25,000																						

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Mr. First Name: John Middle Name: N. Last Name: Shepherd b. Title: Executive Director c. Telephone Number (give area code): (510)898-7800 d. Signature of Authorized Representative:		e. Date Signed:	

APR. 26. 2004 3:46PM

TER JE LOWELL&ASSO

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <u>April 23 2004</u>	Applicant Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: <u>CITY OF COLFAX</u>			Organizational Unit: <u>CITY OF COLFAX</u>	
Organizational DUNS: <u>004949152</u>			Department:	
Address: Street: <u>P.O. Box 702</u> <u>33 S. Main Street</u>			Division:	
City: <u>Colfax</u>			Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: <u>Placer</u>			Prefix: <u>Mr.</u> First Name: <u>Robert</u>	
State: <u>California</u>			Middle Name:	
Country: <u>USA</u>			Last Name: <u>Perrault</u>	
Zip Code: <u>95713</u>			Suffix: <u>City Manager</u>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-6000313</u>			Email: <u>colfaxbp@foothill.net</u>	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Phone Number (give area code): <u>(530) 346-2313</u> Fax Number (give area code): <u>(530) 346-6214</u>	
Other (specify):			7. TYPE OF APPLICANT: (See back of form for Application Types) <u>C. Municipal</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>00-720</u>			8. NAME OF FEDERAL AGENCY: <u>USDA, Rural Development, Rural Utilities Service</u>	
TITLE (Name of Program): <u>WATER & WASTE DISPOSAL LOAN GRANT PROGRAM</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>CITY OF COLFAX WASTEWATER TREATMENT PLANT IMPROVEMENTS PROJECT</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>City of Colfax, Placer County, California</u>			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>4</u> b. Project: <u>same</u>	
13. PROPOSED PROJECT Start Date: <u>Spring/Summer 2004</u> Ending Date: <u>Summer 2006</u>			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>April 23, 2004</u> b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	<u>6,776,000</u>		
b. Applicant	\$	<u>400,000</u>		
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$	<u>7,176,000</u>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: <u>Mr.</u> First Name: <u>Robert</u>			Middle Name:	
Last Name: <u>Perrault</u>			Suffix:	
b. Title: <u>City Manager</u>			c. Telephone Number (give area code): <u>(530) 346-2313</u>	
d. Signature of Authorized Representative: <u>Robert Perrault</u>			e. Date Signed: <u>April 23, 2004</u>	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier 90EF0055/03	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application			
5. APPLICANT INFORMATION				
Legal Name: Rural Community Assistance Corporation		Organizational Unit: Department: Environmental Department		
Organizational DUNS: 093587368		Division:		
Address: Street: 3120 Freeboard Drive, Suite 201		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Frank		
City: West Sacramento		Middle Name		
County: Yolo County		Last Name Emmick		
State: CA	Zip Code 95691	Suffix:		
Country: USA		Email: femmick@rcac.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2512284		Phone Number (give area code) 916/447-9832 x110		Fax Number (give area code) 916/447-2878
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for profit organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE (Name of Program): Rural Community Development Activities Program		9. NAME OF FEDERAL AGENCY: DHHS -- ACF/OCS		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rural areas in: AK, AZ, CA, CO, HI, ID, NV, NM, OR, UT, WA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Facility Technical Assistance Program Area 2.0		
13. PROPOSED PROJECT Start Date: 9/30/02 Ending Date: 9/29/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California District 1 b. Project Various (see # 12)		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,000,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/27/04		
b. Applicant	\$ 400,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 138,053	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 2,413,382	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 3,951,435			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name William	Middle Name		
Last Name French	Suffix			
b. Title Chief Executive Officer	c. Telephone Number (give area code) 916/447-2854			
d. Signature of Authorized Representative <i>William French</i>	e. Date Signed 4/27/04			

COPY

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		2. DATE SUBMITTED 04/26/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
2060 (Rev 0)					
5. APPLICANT INFORMATION					
Legal Name: Oakland Community Housing Incorporated			Organizational Unit: Department: Services Department		
Organizational DUNS: 04-994-4846			Division:		
Address: Street: 2030 Franklin St. 6 Floor			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oakland			Prefix: Ms. First Name: Kaia		
County: Alameda			Middle Name: Burkett		
State: CA Zip Code: 94612			Last Name: Howard		
Country:			Suffix:		
			, khoward@ochi.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-2377749			Phone Number (give area code): 510 - 763 - 7676 Ext. 306		Fax Number (give area code): 510 - 763 - 7730
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Technology Opportunities Program 11-552			9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alameda and Contra Costa Counties			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Technology and Internet Access Project		
13. PROPOSED PROJECT Start Date: 10/01/2004 End Date: 09/30/2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 9 b. Project: 9		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	498,275.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/26/2004		
b. Applicant	\$	337,118.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	0.00			
e. Other	\$	204,256.00			
f. Program Income	\$	0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	1,039,649.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr.		First Name: Dwight		Middle Name: Erwin	
Last Name: Dickerson				Suffix:	
b. Title: Executive Director				c. Telephone Number (give area code): 510 - 763 - 7676	
d. Signature of Authorized Representative				e. Date Signed: 4/23/04	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ ____ X _____ Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68-0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Greg Frantz (916) 341-5553	
8. Type of Application: ____ X _____ New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) _____ A _____ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.454 Title: Water Quality Management Planning 205(j)(2)		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: Oversee and manage water quality planning projects as authorized by State law or local ordinance, to assure the maintenance, restoration, enhancement, and protection of water quality in the environment.	
13. Proposed Project: Start Date 7/1/04 End Date 12/31/08		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$498,575 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other - "In-Kind" Services \$575,238 f. Program Income \$0 g. TOTAL \$1,073,813		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: ____ X ____ This application/preapplication was made available to the State EO 12372 process for review on: Date: April 29, 2004 b. NO: ____ Program is not covered by EO # 12372 ____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation ____ X ____ NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/27/2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: <u>Community Technology Alliance</u>		Organizational Unit: Department:																						
Organizational DUNS: <u>D-1688437</u>		Division:																						
Address: Street: <u>115 E. GISH ROAD, SUITE 222</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <u>Mr.</u> First Name: <u>Raymond</u>																						
City: <u>SAN JOSE</u>		Middle Name																						
County: <u>SANTA CLARA</u>		Last Name: <u>Allen</u>																						
State: <u>CA</u>	Zip Code: <u>95112</u>	Suffix:																						
Country:		Email: <u>ray@ctagroup.org</u>																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>77-0286926</u>		Phone Number (give area code) <u>408-437-9170</u>	Fax Number (give area code) <u>408-437-9169</u>																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) <u>O. Not for Profit Organization</u> Other (specify)																						
Other (specify)		9. NAME OF FEDERAL AGENCY:																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>NTIA/TOP</u> <u>11-552</u> TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Wi-Fi kiosk Project</u>																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		13. PROPOSED PROJECT Start Date: <u>11/1/2004</u> Ending Date: <u>4/30/2006</u>																						
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>16th</u> b. Project <u>16th</u>																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>174,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>4,000.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>348,000.00</td> </tr> </table>		a. Federal	\$	174,000.00	b. Applicant	\$	0.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	4,000.00	f. Program Income	\$	0.00	g. TOTAL	\$	348,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>4/27/2004</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	174,000.00																						
b. Applicant	\$	0.00																						
c. State	\$	0.00																						
d. Local	\$	0.00																						
e. Other	\$	4,000.00																						
f. Program Income	\$	0.00																						
g. TOTAL	\$	348,000.00																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Authorized Representative Prefix: <u>Mr.</u> First Name: <u>RAYMOND</u> Middle Name: Last Name: <u>ALLEN</u> Suffix: b. Title: <u>EXECUTIVE DIRECTOR</u> c. Telephone Number (give area code): <u>(408) 437 9170</u> d. Signature of Authorized Representative: <u>[Signature]</u> e. Date Signed: <u>4/27/2004</u>																								

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <i>April 23, 2004</i>		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: <div style="font-size: 1.2em; font-weight: bold;">CITY OF COLFAX</div>			Organizational Unit: <i>CITY OF COLFAX</i> Department:		
Organizational DUNS: <i>004949152</i>			Division:		
Address: Street: <i>P.O. Box 702</i> <div style="font-size: 1.1em;">33 S. Main Street</div>			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <i>Mr.</i> First Name: <i>Robert</i>		
City: <i>Colfax</i>			Middle Name		
County: <i>Placer</i>			Last Name: <i>Perrault</i>		
State: <i>California</i>		Zip Code: <i>95713</i>		Suffix: <i>City Manager</i>	
Country: <i>USA</i>		Email: <i>colfaxbp@foothill.net</i>			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">94-6000313</div>			Phone Number (give area code): <i>(530) 346-2313</i> Fax Number (give area code): <i>(530) 346-6214</i>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) <div style="font-size: 1.2em; font-weight: bold;">C. Municipal</div>		
Other (specify)			9. NAME OF FEDERAL AGENCY: <i>USDA, Rural Development, Rural Utilities Service</i>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px;">10-760</div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <div style="font-size: 1.1em; font-weight: bold;">CITY OF COLFAX WASTEWATER TREATMENT PLANT IMPROVEMENTS PROJECT</div>		
TITLE (Name of Program): <i>WATER & WASTE DISPOSAL LOAN GRANT PROGRAM</i>					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>City of Colfax; Placer County; California</i>					
13. PROPOSED PROJECT Start Date: <i>Spring/Summer 2004</i> Ending Date: <i>Summer 2006</i>			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <i>4</i> b. Project: <i>same</i>		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	6,776,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <i>April 23, 2004</i>		
b. Applicant	\$	400,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	7,176,000 ⁰⁰			

RECEIVED

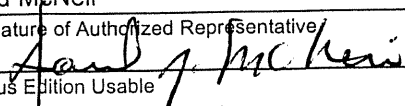
APR 29 2004

STATE CLEARING HOUSE

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix: <i>Mr.</i>	First Name: <i>Robert</i>	Middle Name:
Last Name: <i>Perrault</i>		Suffix:
b. Title: <i>City Manager</i>		c. Telephone Number (give area code): <i>(530) 346-2313</i>
d. Signature of Authorized Representative: <i>Robert Perrault</i>		e. Date Signed: <i>April 23, 2004</i>

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 23, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION																						
Legal Name: Monterey Park Tract Community Services District	Organizational Unit: N/A																					
Address (give city, county, State, and zip code): P.O. Box 1301 Ceres, CA 95307	Name and telephone number of person to be contacted on matters involving this application (give area code) David McNeir 209/541-1563																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5 5 — 0 8 6 3 8 3 0 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) G																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____																					
9. NAME OF FEDERAL AGENCY: USDA, Rural Development																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 6 3 </div> TITLE: Emergency Community Water Assistance Grants	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Monterey Park Tract Clean Water Project.																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Monterey Park Tract Community Services District, Stanislaus Count																						
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:																					
Start Date Ending Date 8/1/04 11/1/04	a. Applicant 18th Cardoza b. Project 18th Cardoza																					
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">426,400⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">426,400⁰⁰</td> </tr> </table>	a. Federal	\$	426,400 ⁰⁰	b. Applicant	\$	0 ⁰⁰	c. State	\$	0 ⁰⁰	d. Local	\$	0 ⁰⁰	e. Other	\$	0 ⁰⁰	f. Program Income	\$	0 ⁰⁰	g. TOTAL	\$	426,400 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/26/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	426,400 ⁰⁰																				
b. Applicant	\$	0 ⁰⁰																				
c. State	\$	0 ⁰⁰																				
d. Local	\$	0 ⁰⁰																				
e. Other	\$	0 ⁰⁰																				
f. Program Income	\$	0 ⁰⁰																				
g. TOTAL	\$	426,400 ⁰⁰																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Type Name of Authorized Representative David McNeir	b. Title President																					
c. Telephone Number (209) 541-1563																						
d. Signature of Authorized Representative 	e. Date Signed																					

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 27, 2004		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: Foundation for California Community Colleges			Organizational Unit: Department:		
Organizational DUNS:			Division:		
Address: Street: 140 Mayhew Way, Suite 401 City: Pleasant Hill County: Contra Costa State: CA Zip Code: 94523			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jeff Middle Name: Last Name: Tschudi Suffix:		
Country: United States of America			Email: tschudi@foundationccc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0412350			Phone Number (give area code) 925-287-0275		Fax Number (give area code) 925-287-0358
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Technology Opportunities 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Small High Schools Learning Link: Leveraging Resources and Overcoming Distances			9. NAME OF FEDERAL AGENCY: Department of Commerce		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities: Alameda, Modesto, (TBD) Counties: Alameda, Stanislaus, (TBD) States: CA			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 10, 5 b. Project 13, 18		
13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: September 30, 2007			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 27, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	695,700			
b. Applicant	\$				
c. State	\$				
d. Local	\$				
e. Other	\$	714,040			
f. Program Income	\$				
g. TOTAL	\$	1,409,740			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix			First Name		Middle Name
Last Name			Suffix		
b. Title			c. Telephone Number (give area code)		
d. Signature of Authorized Representative			e. Date Signed		

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): Lauma Jurkevics (916) 341-5498	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.460 Title: Nonpoint Source Implementation Grants		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: Implement and coordinate activities and projects under the Clean Water Act, Section 319(H) for funding nonpoint source management projects.	
13. Proposed Project: Start Date 7/1/04 End Date 6/30/09		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$12,467,722 b. Applicant \$0 c. State \$8,478,481 d. Local \$0 e. Other - "In-Kind" \$250,000 f. Program Income \$0 g. TOTAL \$21,196,203		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: April 28, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 27, 2004		Applicant Identifier																						
		3. DATE RECEIVED BY STATE		State Application Identifier																						
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																						
		5. APPLICANT INFORMATION Legal Name: NATIONAL NATIVE AMERICAN AIDS PREVENTION CENTER Organizational DUNS: 199020413 Address: Street: 436 - 14th Street, Suite 1020 City: Oakland County: Alameda State: California Country: USA		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Michael Middle Name: E Last Name: Bird Suffix: Email: mlittlebird@nnaapc.org Phone Number (give area code) (510) 444-2051 Fax Number (give area code) (510) 444-1593																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3065291		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce, NTIA																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Network for Health" - An innovative technology-enabled network model for Native American health: Reaching in to build capacity, reaching out to build community.																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California		13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: September 30, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California - 9 b. Project California - 1 through 52																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>675,376</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>675,741</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,351,117</td> </tr> </table>		a. Federal	\$	675,376	b. Applicant	\$		c. State	\$		d. Local	\$		e. Other	\$	675,741	f. Program Income	\$		g. TOTAL	\$	1,351,117	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 27, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	675,376																								
b. Applicant	\$																									
c. State	\$																									
d. Local	\$																									
e. Other	\$	675,741																								
f. Program Income	\$																									
g. TOTAL	\$	1,351,117																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Authorized Representative Prefix: Mr. First Name: Michael Middle Name: E Last Name: Bird Suffix: b. Title: Executive Director c. Telephone Number (give area code): (510) 444-2051 d. Signature of Authorized Representative: [Signature] e. Date Signed: April 27, 2004																										

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 28, 2004	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
6. APPLICANT INFORMATION				
Legal Name: CITY OF COALINGA			Organizational Unit: Department: ECONOMIC DEVELOPMENT	
Organizational DUNS: 03-099-9361			Division:	
Address: Street: 155 West Durlan Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: City of Coalinga			Prefix: MR.	First Name: RICHARD
County: County of Fresno			Middle Name N.	
State: California			Last Name WARNE	
Zip Code 93210			Suffix:	
Country: USA			Email: dwatt@coalinga.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000312			Phone Number (give area code) 559-935-1533	Fax Number (give area code) 559-935-5912
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Coalinga			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Environmental Assessment and Weather Analysis for Crosswind Runway at Coalinga Municipal Airport	
13. PROPOSED PROJECT Start Date: June 2004 Ending Date: September 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Calvin M. Dooley (20th) b. Project Calvin M. Dooley (20th)	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	150,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 28, 2004	
b. Applicant	\$	8,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$			
g. TOTAL	\$	158,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix MR.	First Name RICHARD		Middle Name N.	
Last Name WARNE			Suffix	
b. Title CITY MANAGER			c. Telephone Number (give area code) 559-935-1533	
d. Signature of Authorized Representative <i>Richard Warren</i>			e. Date Signed 4/29/2004	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 5, 2004	Applicant Identifier N/A
3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01534	

5. APPLICANT INFORMATION Legal Name: California - Department of Parks and Recreation Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0004		Organizational Unit: California Department of Parks and Recreation Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174
--	--	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px 5px;">A</div> </div>
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 5 - 9 1 6 </div> TITLE: Outdoor Recreation - Acquisition, Development & Planning	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oroville Wright Park Development City of Modesto Parks, Recreation and Neighborhoods Department 1010 Tenth Street, Suite 4400 Modesto, CA 95354
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-48354	13. PROPOSED PROJECT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Start Date</td> <td style="width:20%;">Ending Date</td> <td style="width:60%;">a. Applicant</td> </tr> <tr> <td>6/1/04</td> <td>6/30/08</td> <td>03</td> </tr> </table>	Start Date	Ending Date	a. Applicant	6/1/04	6/30/08	03
Start Date	Ending Date	a. Applicant					
6/1/04	6/30/08	03					

14. CONGRESSIONAL DISTRICTS OF: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">b. Project</td> <td style="width:50%;">18</td> </tr> </table>	b. Project	18	15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>36,276⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>38,224⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>74,500⁰⁰</td> </tr> </table>	a. Federal	\$																		36,276 ⁰⁰	b. Applicant	\$								38,224 ⁰⁰	c. State	\$								⁰⁰	d. Local	\$								⁰⁰	e. Other	\$								⁰⁰	f. Program Income	\$								⁰⁰	g. TOTAL	\$								74,500 ⁰⁰
b. Project	18																																																																																		
a. Federal	\$																																																																																		
									36,276 ⁰⁰																																																																										
b. Applicant	\$								38,224 ⁰⁰																																																																										
c. State	\$								⁰⁰																																																																										
d. Local	\$								⁰⁰																																																																										
e. Other	\$								⁰⁰																																																																										
f. Program Income	\$								⁰⁰																																																																										
g. TOTAL	\$								74,500 ⁰⁰																																																																										

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>4-26-04</u> b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No
---	---

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Ruth Coleman	b. Title Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative 		e. Date Signed <u>4-6-04</u>

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 04/27/2004	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name: Youth Policy Institute		Organizational Unit: Department:		
Organizational DUNS: 022319342		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 634 South Spring Street, Suite 818		Prefix: Mr.	First Name: Dixon	
City: Los Angeles		Middle Name:		
County: Los Angeles		Last Name: Slingerland		
State: CA	Zip Code: 90014	Suffix:		
County: Los Angeles		Email: dslingerland@ypiusa.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 52-1278339		Phone Number (give area code) 213-688-2802	Fax Number (give area code) 213-688-2942	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O, Not for Profit Organization Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552 TITLE (Name of Program): Technology Opportunity Program		9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Los Angeles		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: High Expectations Learning Project (HELP)		
13. PROPOSED PROJECT Start Date: 10/01/2004 Ending Date: 06/30/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-34 b. Project CA-28		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$666,882	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$369,334	DATE: 04/27/2004		
c. State	\$116,500	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$50,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$140,910	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEPT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
g. TOTAL	\$1,343,626			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Dixon	Middle Name		
Last Name Slingerland	Suffix			
b. Title Director	c. Telephone Number (give area code) 213-688-2802			
d. Signature of Authorized Representative	e. Date Signed 04/27/2004			

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Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

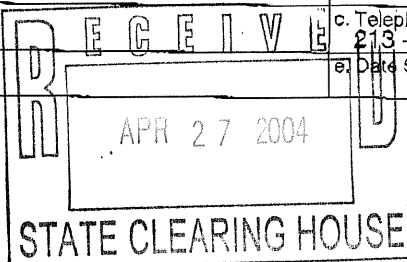
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		2. DATE SUBMITTED 04/27/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
				2184 (Rev 1)	
5. APPLICANT INFORMATION					
Legal Name: Northern California Council for the Community			Organizational Unit: Department: Data Central		
Organizational DUNS: 92-897-3817			Division:		
Address: Street: 221 Main Street Suite 300			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Larry		
City: San Francisco			Middle Name:		
County: San Francisco			Last Name: Best		
State: CA		Zip Code: 94105 - 1911		Suffix:	
Country:			larry.best@ncccsf.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 93-1128788			Phone Number (give area code): 415 - 808 - 4467		Fax Number (give area code): 415 - 856 - 0906
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Technology Opportunities Program 11-852			9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Nine-County San Francisco Bay Area			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bay Area Neighborhood Information System (BANIS)		
13. PROPOSED PROJECT Start Date: 10/01/2004 End Date: 09/30/2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 08 b. Project: 1,6,7,9,10,11,12,13,14,15		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	683,343.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/27/2004		
b. Applicant	\$	288,230.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	0.00			
e. Other	\$	385,450.00			
f. Program Income	\$	0.00			
g. TOTAL	\$	1,367,023.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Edward		Middle Name	
Last Name Schoenberger				Suffix	
b. Title President				c. Telephone Number (give area code) 415 - 808 - 4304	
d. Signature of Authorized Representative				e. Date Signed 4-27-04	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		2. DATE SUBMITTED 04/27/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
2116 (Rev 3)					
5. APPLICANT INFORMATION					
Legal Name: City of Los Angeles			Organizational Unit: Department: Information Technology Agency		
Organizational DUNS: 14-597-0740			Division:		
Address: Street: 200 N. Main St. Room 1400			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Los Angeles			Prefix: Mr. First Name: Terry		
County: Los Angeles			Middle Name:		
State: CA Zip Code: 90012			Last Name: Halberg		
Country:			Suffix:		
			thalberg@ita.lacity.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-6000735			Phone Number (give area code): 213 - 978 - 3047		Fax Number (give area code): 213 - 847 - 3512
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Technology Opportunities Program 11-552			9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): This project will be available to City of Los Angeles stakeholders			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Los Angeles Community Wi-Fi Networks: Access to Wireless Broadband		
13. PROPOSED PROJECT Start Date: 10/01/2004 End Date: 10/01/2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 34 b. Project: 34, 35, and 36		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	509,170.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/27/2004		
b. Applicant	\$	404,628.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	0.00			
e. Other	\$	0.00			
f. Program Income	\$	0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	913,798.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mrs.		First Name: Thera		Middle Name:	
Last Name: Bradshaw				Suffix:	
b. Title: Executive Officer				c. Telephone Number (give area code): 213 - 485 - 5100	
d. Signature of Authorized Representative: <i>Thera G. Bradshaw</i>				e. Date Signed:	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular 1-102

Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

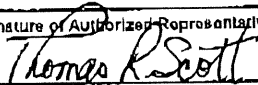
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		2. DATE SUBMITTED 04/27/2004	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 2284 (Rev 0)
5. APPLICANT INFORMATION			
Legal Name: World Institute on Disability		Organizational Unit: Department: California Work Incentives Initiative	
Organizational DUNS: 78-691-0521		Division:	
Address: Street: 510 16th Street, Suite 100 City: Oakland County: Alameda State: CA Zip Code: 94612 - 9461		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Bryon Middle Name: Last Name: MacDonald Suffix:	
Country:		bryon@wid.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-2911623		Phone Number (give area code): 510 - 251 - 4304	Fax Number (give area code): 510 - 763 - 4109
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Technology Opportunities Program 11-552		9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California - statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Benefits Planning at Disability Benefits 101: Interactive online benefits planning tools in English and Spanish for youth and adults with disabilities	
13. PROPOSED PROJECT Start Date: 10/01/2004 End Date: 09/30/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 09 b. Project: CA - statewide (01-52)	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 350,083.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/27/2004	
b. Applicant	\$ 351,012.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0.00		
e. Other	\$ 0.00		
f. Program Income	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 701,095.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Kathleen	Middle Name	
Last Name Martinez		Suffix	
b. Title Deputy Director		c. Telephone Number (give area code) 510 - 251 - 4326	
d. Signature of Authorized Representative <i>Kathleen Martinez</i>		e. Date Signed 4-27-2004	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		2. DATE SUBMITTED 04/27/2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
2273 (Rev 5)					
5. APPLICANT INFORMATION					
Legal Name: Valley Economic Development Center, Inc.			Organizational Unit: Department: Pacoima Workforce Dev. Initiative		
Organizational DUNS: 17-108-7653			Division:		
Address: Street: 5121 Van Nuys Blvd., 3rd floor			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Van Nuys			Prefix: Mr. First Name: Roberto		
County: Los Angeles			Middle Name: E.		
State: CA Zip Code: 91403			Last Name: Barragan		
Country:			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-3139419			Phone Number (give area code): 818 - 907 - 9977 Fax Number (give area code): 818 - 907 - 9720		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Technology Opportunities Program 11-552			9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northeast San Fernando Valley, City of Los Angeles, County of			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Pacoima Job Access Website Service (JAWS) project will provide an on-line service to local business for available job postings to help secure local jobs for local residents to address the high unemployment in the area.		
13. PROPOSED PROJECT Start Date: 10/01/2004 End Date: 09/30/2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 26 b. Project: 26,27,28,30,31		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 547,974.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/26/2004		
b. Applicant \$ 717,751.00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ 0.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ 0.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$ 0.00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ 10,000.00					
g. TOTAL \$ 1,275,725.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Roberto		Middle Name E.	
Last Name Barragan				Suffix	
b. Title President				c. Telephone Number (give area code) 818 - 907 - 9977	
d. Signature of Authorized Representative				e. Date Signed 4/27/04	

APPLICATION FOR
FEDERAL ASSISTANCE

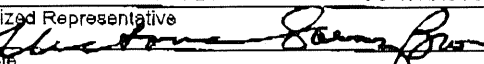
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/27/04	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name: San Diego State University Foundation Address (give city, county, State, and zip code): 5250 Campanile Drive San Diego, CA 92182-1900	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Claudia Luke (760)728-9306 Programmatic Janet Holmberg (619)594-2934 Administrative
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 95 - 6042721 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) N
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Non-profit
9. NAME OF FEDERAL AGENCY: US Dept. of Commerce/NTIA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 - 552 </div> TITLE: Technology Opportunities Program	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TOP Early-warning Fire Detection Proposal	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego and Riverside Counties	
13. PROPOSED PROJECT	
Start Date 11/1/04	Ending Date 10/31/07
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 53 b. Project: Various	
15. ESTIMATED FUNDING:	
a. Federal	\$ 655,017 .00
b. Applicant	\$ 655,055 .00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 1,310,072 .00
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/27/04 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative Thomas R. Scott	b. Title Interim Assoc. Vice President
c. Telephone Number (619)594-0905	
d. Signature of Authorized Representative 	
e. Date Signed 4/22/04	

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED APRIL 27, 2004		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: JOHN WAYNE CANCER INSTITUTE			Organizational Unit: Department: DATABASE SERVICES		
Organizational DUNS: 55-607-4458			Division:		
Address: Street: 2200 SANTA MONICA BOULEVARD			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: SANTA MONICA			Prefix: MR.		First Name: MICHAEL
County: LOS ANGELES			Middle Name		
State: CA			Last Name JAMES		
Zip Code 90404			Suffix:		
Country: UNITED STATES OF AMERICA			Email: jamesm@jwci.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4291515			Phone Number (give area code) 310.449.5255		Fax Number (give area code) 310.449.5259
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): NTIA/TOP			9. NAME OF FEDERAL AGENCY: NTIA/DEPARTMENT OF COMMERCE		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CA, FL, HI, MI, NC, NY, PA, TN, TX			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DISCOVERY: INTEGRATING CLINICAL TRIAL DATA WITHIN THE CANCER RESEARCH COMMUNITY		
13. PROPOSED PROJECT Start Date: OCTOBER 1, 2004 Ending Date: SEPTEMBER 30, 2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CALIFORNIA b. Project 27TH		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	662,130	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: APRIL 27, 2004		
b. Applicant	\$	749,511	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	1,411,641			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix MS.		First Name VICTORIA		Middle Name	
Last Name SAENZ-BROWN				Suffix	
b. Title DIRECTOR, FINANCIAL SERVICES/GRANTS AND CONTRACTS				c. Telephone Number (give area code) 310.449.5253	
d. Signature of Authorized Representative 				e. Date Signed APRIL 27, 2004	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED April 26, 2004	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY April 27, 2004	Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: City of Oakland	Organizational Unit: Department: City Manager's Office <Department Name>
Organizational DUNS: 13-713-7977	Division: Equal Access <Division Name>
Address: Street: One Frank H. Ogawa Plaza	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Oakland	Prefix: Ms. First Name: Deborah
County: Alameda	Middle Name: Rocio
State: California	Last Name: Liu
Country: U.S.A.	Suffix: N/A
	Email: DLiu@oaklandnet.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000384	Phone Number (give area code): 510-238-2368 Fax Number (give area code): 510-238-2223
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552 TITLE (Name of Program): Technology Opportunity Program (TOP)	9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oakland, California	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CityAlert, the City of Oakland's Emergency Communication Multilingual System
13. PROPOSED PROJECT Start Date: 10/01/2004 Ending Date: 09/30/2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <state> California - 9 b. Project <state> California - 9
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 277,604 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 26, 2004
b. Applicant \$ 279,682 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0 ⁰⁰	
g. TOTAL \$ 557,286 ⁰⁰	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix Ms. First Name Deborah	Middle Name Rocio
Last Name Liu	Suffix N/A
b. Title Equal Access Director	c. Telephone Number (give area code) 510-238-2368
d. Signature of Authorized Representative	e. Date Signed April 26, 2004

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCETYPE OF SUBMISSION:
Application

Construction

Non-Construction

Pre-application

☐ Construction☐ Non-Construction

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

APPLICANT INFORMATION

Legal Name:

Organizational DUNS:

Address:

Street:

City:

County:

State:

Zip Code

Country:

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

8. TYPE OF APPLICATION:

(Revision, enter appropriate letter(s) in box(es)
See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

13. PROPOSED PROJECT

Start Date:

Ending Date:

15. ESTIMATED FUNDING:

a. Federal	\$	350,000.00
b. Applicant	\$	518,400.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	\$868,400.00

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

First Name

Last Name

Title

Signature of Authorized Representative

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Tax ID: 237-113307

Organizational Unit:

Department:

Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

First Name:

Middle Name

Last Name

Suffix:

Email:

Phone Number (give area code)

Fax Number (give area code)

7. TYPE OF APPLICANT: (See back of form for Application Types)

Other (specify)

9. NAME OF FEDERAL AGENCY:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: April 26-04

b. No ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No

Middle Name

Suffix

c. Telephone Number (give area code)

e. Date Signed

Standard Form 424 (Rev. 9-200)
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Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

TYPE OF SUBMISSION:

Application

☒ Construction☒ Non-Construction

Pre-application

☐ Construction☐ Non-Construction

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

APPLICANT INFORMATION

Legal Name:

Pico Union Housing Corporation

Organizational DUNS:

071916340

Address:

Street:

1625 S Teberman

City:

Los Angeles

County:

LDS Angeles

State:

CA

Zip Code

90015

Country:

USA

5. EMPLOYER IDENTIFICATION NUMBER

23-3113307

6. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision(Revision, enter appropriate letter(s) in box(es)
See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11-532

TITLE (Name of Program): Technology Opportunities Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Pico Union, Los Angeles, CA, USA

13. PROPOSED PROJECT

Start Date:

1997

Ending Date:

ON GOING (Need funding for 3 years for)

15. ESTIMATED FUNDING:

a. Federal \$ 350,000.00

b. Applicant \$ 518,400.00

c. State \$.00

d. Local \$.00

e. Other \$.00

f. Program Income \$.00

g. TOTAL \$ 868,400.00

Organizational Unit:

Department:

Communications Coordinator

Division:

Name and telephone number of person to be contacted on matters
involving this application (give area code)

Prefix:

First Name:

Sandra

Middle Name:

Luz

Last Name:

Gallegos

Suffix:

Email:

Sgallegos@owfmxinc.com

Phone Number (give area code)

(213) 747-2790

Fax Number (give area code)

(213) 743-3819

7. TYPE OF APPLICANT: (See back of form for Application Types)

0: NOT FOR PROFIT Organization

Other (specify)

9. NAME OF FEDERAL AGENCY:

National Telecommunications Infra Admin

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Please See Attached
executive plan.

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON

DATE: April 26-04

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix:

First Name:

Gloria

Middle Name:

L

Suffix:

Last Name:

Farias

Title:

Executive Director

c. Telephone Number (give area code)

(213) 252-1991

d. Date Signed

Signature of Authorized Representative

Sandra L Gallegos

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Tax ID: 237-113307

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>April 23 2004</u>		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <u>CITY OF COLFAX</u>			Organizational Unit: <u>CITY OF COLFAX</u>		
Organizational DUNS: <u>004949152</u>			Department:		
Address: Street: <u>P.O. Box 702</u> <u>33 S. Main Street</u>			Division:		
City: <u>Colfax</u>			Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: <u>Placer</u>			Prefix: <u>Mr.</u> First Name: <u>Robert</u>		
State: <u>California</u> Zip Code: <u>95713</u>			Middle Name		
Country: <u>USA</u>			Last Name: <u>Perrault</u>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-6000313</u>			Suffix: <u>City Manager</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			Email: <u>colfaxbp@foothill.net</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-760</u>			Phone Number (give area code) <u>(530) 346-2313</u>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>City of Colfax; Placer County; California</u>			Fax Number (give area code) <u>(530) 346-6214</u>		
13. PROPOSED PROJECT Start Date: <u>Spring/Summer 2004</u> Ending Date: <u>Summer 2006</u>			7. TYPE OF APPLICANT: (See back of form for Application Types) <u>C. Municipal</u>		
15. ESTIMATED FUNDING:			9. NAME OF FEDERAL AGENCY: <u>USDA, Rural Development, Rural Utilities Service</u>		
a. Federal \$ <u>6,776,000</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>CITY OF COLFAX WASTEWATER TREATMENT PLANT IMPROVEMENTS PROJECT</u>		
b. Applicant \$ <u>400,000</u>			14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>4</u> b. Project <u>same</u>		
c. State \$			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>April 23, 2004</u>		
d. Local \$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ <u>7,176,000</u>					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix <u>Mr.</u> First Name <u>Robert</u>			Middle Name		
Last Name <u>Perrault</u>			Suffix		
b. Title <u>City Manager</u>			c. Telephone Number (give area code) <u>(530) 346-2313</u>		
d. Signature of Authorized Representative <u>[Signature]</u>			e. Date Signed <u>April 23, 2004</u>		

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0346-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		April 13, 2004	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		F-95-B Amendment #5	
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department of Fish and Game	
Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter): A	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify):		H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University L. Individual M. Profit Organization N. Other (Specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Clara County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment #4 to Motorboat Access Enhancement Project for Anderson Lake Boat Launching Facility. Requesting an extension to accommodate project construction. No change in costs.	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 12/03/98	Ending Date 05/01/06	a. Applicant 3	b. Project 16
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$2,303,250.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: April 26, 2004	
b. Applicant		b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$767,750.00	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? ____ Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
d. Local			
e. Other			
f. Program Income			
g. TOTAL	\$3,071,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Dorine Hardy		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633
d. Signature of Authorized Representative		e. Date Signed	
Approved for the Secretary of the Interior		Title:	Date:
Signature			

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OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Pre-application
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

RECEIVED

APR 26 2004

2. DATE SUBMITTED

April 13, 2004

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

F-115-B

5. APPLICANT INFORMATION

Legal Name:

STATE OF CALIFORNIA

Organizational Unit:

Department of Fish and Game

Address (give city, county, state and zip code):

Dept. of Fish & Game - Fisheries Programs Branch
1812 Ninth Street
Sacramento, CA 95814

Name and telephone number of the person to be contacted on matters involving this application (give area code):

Carolyn Murata (916) 445-3559

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1697567

8. TYPE OF APPLICATION:

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	<input type="checkbox"/> Revision
---	---------------------------------------	-----------------------------------

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award	B. Decrease Award
C. Increase Duration	D. Decrease Duration
E. Other (specify):	

7. TYPE OF APPLICANT: (enter appropriate letter: A):

A. State	H. Independent School Dist.
B. County	I. State Controlled Instruction
C. Municipal	of Higher Learning
D. Township	J. Private University
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-605

TITLE: Sport Fish Restoration Act

9. NAME OF FEDERAL AGENCY:

U.S. Department of the Interior
U.S. Fish and Wildlife Service

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Butte County

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Motorboat Access Enhancement Project for
West Park/Riverbend Boat Launching Facility.
To upgrade existing facility. Project statement attached.

13. PROPOSED PROJECT:

Start Date	Ending Date
04/ /04	6/30/2008

15. ESTIMATED FUNDING:

a. Federal	\$764,778
b. Applicant	
c. State	\$254,926
d. Local	
e. Other	
f. Program Income	
g. TOTAL	\$1,019,704

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
3	2

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

Date:

April 26, 2004

b. NO. PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes", attach an explanation

X No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

b. Title:

Deputy Director, Admin.

c. Telephone Number

(916) 653-4633

d. Signature of Authorized Representative

Doreen Hardy

e. Date Signed

4/26/04

Approved for the Secretary of the Interior

Title:

Date:

Signature

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION					
Legal Name: West Hills Community College District		Organizational Unit: Department: Learning Resources			
Organizational DUNS: 080121718		Division:			
Address: Street: 9900 Cody Avenue City: Coalinga County: Fresno		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Carole Middle Name: Suzanne Last Name: Goldsmith Suffix:			
State: CA Zip Code: 93210		Email: carolegoldsmith@westhillscollge.com			
Country: United States of America		Phone Number (give area code): (559) 934-2131		Fax Number (give area code): (559) 934-2819	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0323447					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) I. State Controlled Institution of Higher Learning Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552		9. NAME OF FEDERAL AGENCY: U. S. Department of Commerce			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno and Kings Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Central California Clinical Site Access Project			
13. PROPOSED PROJECT Start Date: July 01, 2004 Ending Date: June 30, 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th - West Hills College District b. Project 20th, 19th			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 569,167.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant	\$ 569,167.00	DATE:			
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 1,138,334.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Dr.	First Name Frank	Middle Name P.			
Last Name Gornick	Suffix				
b. Title Chancellor		c. Telephone Number (give area code) (559) 934-2102			
d. Signature of Authorized Representative		e. Date Signed			

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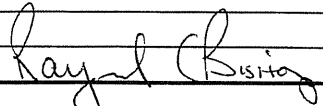
Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 5, 2004	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction				
APPLICANT INFORMATION				
Legal Name: Coachella Valley Housing Coalition		Organizational Unit: Department:		
Organizational DUNS: 61-328-1070		Division:		
Address: 45-701 Monroe Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Indio		Prefix: Mr. First Name: Steven		
County: Riverside		Middle Name:		
State: California		Last Name: Crowell		
Zip Code: 92201		Suffix:		
Country: United States		Email: scrowell@cvhc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][5]-[3][8][1][4][8][9][8]		Phone Number (give area code): (760) 347-3157		Fax Number (give area code): (760) 342-6466
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) "O" NON PROFIT Other (specify):		
9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: El Solano Apartments The rehabilitation of this 43 unit SRO will be serving low to very-low income individuals. Unit average size is 450 square feet including individual kitchens and baths. Preservation of this architecturally significant complex will contribute to the integrity and fabric for the City of Blythe.		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1][0]-[4][1][5] TITLE (Name of Program): USDA 515 Rural Rental Housing Programs		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 45th District b. Project: 45th District		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Blythe, County of Riverside, State of California		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 4, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
13. PROPOSED PROJECT Start Date: February 1, 2005 Ending Date: February 1, 2006		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
15. ESTIMATED FUNDING:				
a. Federal	\$ 500,000.00			
b. Applicant	\$ 37,381.00			
c. State County of Riverside EDA	\$ 1,000,000.00			
d. Local City of Blythe	\$ 200,000.00			
e. Other FHP	\$ 200,000.00			
f. Program Income HTC	\$ 2,230,265.00			
g. TOTAL	\$ 4,167,647.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Mr.	First Name: John	Middle Name: F.		
Last Name: Mealey			Suffix:	
b. Title: Executive Director			c. Telephone Number (give area code): (760) 347-3157	
d. Signature of Authorized Representative			e. Date Signed: April 2, 2004	

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APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 16Mar2004		Applicant Identifier 2004-01	
1. TYPE OF SUBMISSION Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE State Application Identifier	
		4. DATE RECEIVED BY AGENCY Federal Identifier 3-06-0017-26	
5. APPLICANT INFORMATION			
Legal Name: County of Kern		Organizational Unit: County of Kern	
Organizational DUNS: 94-916-9015		Department: Department of Airports	
Address: Street: 1401 Skyway Drive Suite 200 City: Bakersfield County: Kern State: CA Zip Code: 93308 Country: United States		Division: Name and telephone of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jack Middle Name: R. Last Name: Gotcher Suffix: Email: gotcherj@co.kern.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 9 2 5		Phone Number (give area code) (661) 393 - 7990 Fax Number (give area code) (661) 861 - 3322	
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT (See back of form for Application Types) B Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. 2 0 - 1 0 6 TITLE (Name of Program): Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Bakersfield; Kern County; California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construct New Terminal building, Phase VI; Extend Runway 12R/30L, Phase III; Rehabilitate Airfield Lighting; Rehabilitate Airfield Signage; Rehabilitate Southeast Taxiways and Aircraft Parking Aprons - Meadows Field Airport	
13. PROPOSED PROJECT Start Date: 15 July 2004 Ending Date: 15 April 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 22 b. Project: 22	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 6,200,000. ⁰⁰	a. YES. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE : <u>17 March 2004</u>	
b. Applicant	\$ 688,900. ⁰⁰	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$ 0. ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0. ⁰⁰		
e. Other	\$ 0. ⁰⁰		
f. Program Income	\$ 0. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 6,888,900. ⁰⁰	<input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr. First Name: Raymond Middle Name: C.		Last Name: Bishop Suffix:	
b. Title: Director of Airports		c. Telephone: (661) 393-7990	
d. Signature of Authorized Representative: 		e. Date Signed: 16 March 2004	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4-21-04	Applicant Identifier
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 8 2 5		7. TYPE OF APPLICANT: (See back of form for Application Types) G Special District Other (specify)	
Legal Name: LAKE COUNTY SANITATION DISTRICT		Organizational Unit:		Department: N/A	
Organizational DUNS:		Division: N/A		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address: Street: 230 A MAIN STREET		Prefix: MR		First Name: MARK	
City: LAKEPORT		Middle Name:		Last Name: DELLINGER	
County: LAKE		Suffix:		Email: markd@co.lake.ca.us	
State: CA		Zip Code: 95453		Phone Number (give area code) 707/263-0119	
Country: USA		FAX Number (give area code) 707/263-3836		9. NAME OF FEDERAL AGENCY: DEPARTMENT OF ENERGY	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program)		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: FULL CIRCLE EFFLUENT PIPELINE FINAL DESIGN OF INITIAL COMPONENTS		12. AREAS AFFECTED BY PROJECT (Cities, Countries, States, etc.) LAKE COUNTY, CA	
13. PROPOSED PROJECT Start Date: 10-01-04 Ending Date: 12-31-05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: FIRST b. Project: FIRST		15. ESTIMATED FUNDING:	
a. Federal		\$ 980,500.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant		\$.00		a. YES. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/21/04	
c. State		\$.00		b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local		\$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other		\$ 980,500.00		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income		\$.00		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.	
g. TOTAL		\$ 1,961,000.00		a. Authorized Representative	
Prefix MR		First Name MARK		Middle Name	
Last Name DELLINGER		Suffix		c. Telephone Number (give area code) 707/263-0119	
b. Title ADMINISTRATOR		Fax Number (give area code) 707/263-3836		e. Date Signed	
Email: markd@co.lake.ca.us		d. Signature of Authorized Representative			

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 2, 2004	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Coachella Valley Housing Coalition		Organizational Unit: Department:		
Organizational DUNS: 6325-1070		Division:		
Address: Street: 4001 Monroe Ste., Sta. G		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: John		
City: Indio		Middle Name - F.		
County: Riverside		Last Name: Mealey		
State: CA		Suffix:		
Zip Code: 92201		Email: john.mealey@cvhc.org		
Country:		Phone Number (give area code): (760) 347-3157		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3814898		Fax Number (give area code): (760) 342-6466		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Provision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Not-for-Profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): USDA - RD 515 Rural Rental Housing Program		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Desert Hot Springs, Riverside County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Desert Hot Springs Family Apartments 60 unit low income large family project. Unit mix consists of: 12 - 1 bedroom 16 - 2 bedroom 20 - 3 bedroom 12 - 4 bedroom		
13. PROPOSED PROJECT Start Date: November 2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 45th b. Project: 41st		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 1,000,000		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/03/04		
b. Applicant Deferred Developer Fee \$ 653,729		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State AP Funds \$ 300,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. Local County HOME Funds \$ 850,000		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other Tax Credit Equity \$ 7,713,110				
f. Program Income \$				
g. TOTAL \$ 10,516,839				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: First Name: John		Middle Name: F.		
Last Name: Mealey		Suffix:		
b. Title: Executive Director		c. Telephone Number (give area code): (760) 347-3157		
d. Signature of Authorized Representative		e. Date Signed: March 30, 2004		

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Rural Development
Business » « Housing » « Utilities

Jeffrey D. Deiss
Multi-Family Housing Program Director
430 G Street, # 4169
Davis, CA 95616-4169
Ph: (530) 792-5830
FAX: (530) 792-5838
TDD: (530) 792-5848
jeff.deiss@ca.usda.gov
www.rurdev.usda.gov/ca

TO BE SENT VIA TELEFAX -- (916) 323-3018

April 26, 2004

California State Clearinghouse
Office of Planning & Research
1400 Tenth Street
Sacramento, CA 95814

Dear Sir or Madam:

Subject: DESERT HOT SPRINGS FAMILY PROJECT
Intergovernmental Review of Federal Assistance
Pursuant to Executive Order 12372
Rural Rental Housing (RRH) Loan Application

USDA Rural Development has received an application from Coachella Valley Housing Coalition, for federal loan funds on a proposed 60-unit, family rental housing project in Riverside County. Attached is Standard Form 424, "Application for Federal Assistance," describing the project and a map, if available, showing its location.

Any comments that state or local government agencies wish to provide would be most welcome. All parties are naturally anxious to proceed, so your prompt response will be greatly appreciated.

If you have any questions, or if I can be of further assistance, please don't hesitate to contact me.

Sincerely,

JEFFREY D. DEISS

Multi-Family Housing Program Director

Attachments: Standard Form 424
Location map (if available)

Cc: Area Clearinghouse
Judy Twilley, CDM, USDA Rural Development, Moreno Valley, CA

**APPLICATION FOR
FEDERAL ASSISTANCE**2. DATE SUBMITTED
April 15, 2004

Applicant Identifier

1. TYPE OF SUBMISSION

Application

Preapplication

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Applicant Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State Center Community College District

Organizational Unit: University Center Export Program

Address (give city, county, state, and zip code):

550 East Shaw Avenue, Suite 155
Fresno, CA 93710

Name and telephone number of person to be contacted on matters involving this application (give area code)

Candy Hansen, Project Director, University Center Export Program
1-888-638-7888
(559) 241-6566

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 — 1 5 7 4 8 0 2

7. TYPE OF APPLICANT: (enter appropriate letter in box)

I

- A. State H. Independent School Dist.
 B. County I. State Controlled Institution of Higher Learning
 C. Municipal J. Private University
 D. Township K. Indian Tribe
 E. Interstate L. Individual
 F. Intermunicipal M. Profit Organization
 G. Special District N. Other (Specify) _____

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐ ☐

- A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY:

U.S. Department of Commerce
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 1 3 0 3

TITLE: Economic Development - Technical Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

University Center Export Program
Technical Assistance - University Center Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

See Attached Page

13. PROPOSED PROJECT:

Start Date

7/1/2004

Ending Date

6/30/2005

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

19th

b. Project

3; 15-20; 37 & 45

15. ESTIMATED FUNDING:

a. Federal	\$	110,000.00
b. Applicant	\$	40,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	150,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

- a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE _____

- b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

- ☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Douglas Brinkley

b. Title

Vice Chancellor Finance & Admin.

c. Telephone number

(559) 244-5910

d. Signature of Authorized Representative

e. Date Signed

Version 7/03

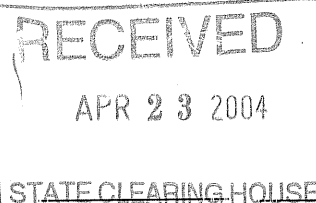
APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 4/22/2004	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name: Sacramento County Sheriff's Department		Department: Information Services Bureau		
Organizational DUNS: 14-024-2319		Division: Technical Services		
Address: Street: 711 G Street Room 211		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Ms.		
County: Sacramento		First Name: Jennifer		
State: California		Middle Name: Jeannine		
Zip Code: 95814		Last Name: Griffin		
Country: United States of America		Suffix: N/A		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000529		Email: jgriffin@sacsheriff.com		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Phone Number (give area code) 916-874-1625		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-552		Fax Number (give area code) 916-874-8539		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento County, Elk Grove, Citrus Heights, Galt, Folsom		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
13. PROPOSED PROJECT Start Date: November 2004 Ending Date: January 2006		9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Field-Info Delivery Project - The vision for this project is to enhance the ability of officers to have timely information available to them in the field. This project will make all the applications that are currently available on the departments network and internet at the station available to officers in their vehicles and on hand held devices.		
a. Federal \$ 604,267		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Congressional District 5 b. Project Congressional District 5		
b. Applicant \$ 397,275		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/22/2004		
c. State \$ 0		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$ 0		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$ 0		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes; If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ 0		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL \$ 1,001,542		a. Authorized Representative Prefix Mr. First Name Louis Middle Name James Suffix		
		c. Telephone Number (give area code) 916-874-8444		
		d. Signature of Authorized Representative Blanas		
		e. Date Signed 4/22/04		

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PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction															
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/23/04		3. DATE RECEIVED BY STATE:															
2b. APPLICATION ID: 04SV044330		4. DATE RECEIVED: 04/23/04															
5. APPLICATION INFORMATION		STATE APPLICATION IDENTIFIER:															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952081258		GRANT NUMBER:															
5. APPLICATION INFORMATION LEGAL NAME: California State University, Fullerton Foundation ADDRESS (give street address, city, state and zip code): 2600 E. Nurwood Ave., Suite 275 Fullerton CA 92831		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give BRSA codes): NAME: Pauline Abbott TELEPHONE NUMBER: 714-278-4686 FAX NUMBER: 714-278-7290 INTERNET E-MAIL ADDRESS: pabbott@fullerton.edu															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		7. TYPE OF APPLICANT: 7a. Higher Education Organization - State Controlled 7b. 4-year college Hispanic Serving College or University															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Homeland Security Special Volunteer Prog 12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): North Orange County, California		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
13. PROPOSED PROJECT: START DATE: 12/01/04 END DATE: 11/30/07		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CSUF CERT Older Volunteer Training Program															
15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. FEDERAL</td> <td style="text-align: right;">\$ 307,791.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 11,532.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 319,323.00</td> </tr> </table>		a. FEDERAL	\$ 307,791.00	b. APPLICANT	\$ 11,532.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 319,323.00	14. PERFORMANCE PERIOD: START DATE: END DATE: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 23-APR-04	
a. FEDERAL	\$ 307,791.00																
b. APPLICANT	\$ 11,532.00																
c. STATE	\$ 0.00																
d. LOCAL	\$ 0.00																
e. OTHER	\$ 0.00																
f. PROGRAM INCOME	\$ 0.00																
g. TOTAL	\$ 319,323.00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO															
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Linda W. Patton		b. TITLE: OGC Director															
		c. TELEPHONE NUMBER: 714-278-2106															
		d. DATE: 04/23/04															



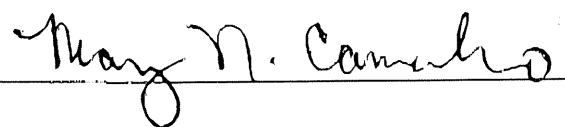
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**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		2. DATE SUBMITTED 04/23/2004	Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 2029 (Rev 1)		
5. APPLICANT INFORMATION				
Legal Name: Cornerstone Foundation of Fresno		Organizational Unit: Department: Cornerstone Foundation		
Organizational DUNS: 14-182-5385		Division:		
Address: Street: P.O. Box 12366		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jesus		
City: Fresno		Middle Name:		
County: Fresno		Last Name: Padron		
State: CA Zip Code: 93777-2366		Suffix:		
Country:		jesuspadron@netzero.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 91-2153088		Phone Number (give area code): 559 - 442 - 0122 Ext. 29		Fax Number (give area code): 559 - 442 - 3068
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Technology Opportunities Program 11-552		9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Central California, Stockton, Modesto, Merced, Madera, Fresno,		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Automation of Feeding Fresno's Food Distribution in the Central Valley of California		
13. PROPOSED PROJECT Start Date: 10/01/2004 End Date: 09/30/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 21 b. Project: 3,18,19,20,21,22,25		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 538,900.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/20/2004		
b. Applicant	\$ 424,315.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 137,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 0.00			
g. TOTAL	\$ 1,100,215.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Mr.	First Name: Jesus	Middle Name:		
Last Name: Padron		Suffix:		
b. Title: Executive Director		c. Telephone Number (give area code): 559 - 442 - 0122		
d. Signature of Authorized Representative		e. Date Signed		

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Prescribed by OMB Circular 1-102


PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/23/04	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 04SV044048	4. DATE RECEIVED: 04/23/04	GRANT NUMBER:														
5. APPLICATION INFORMATION																
LEGAL NAME: Imperial Valley Regional Occupational Program		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):														
ADDRESS (give street address, city, state and zip code): 687 State Street El Centro CA 92243-2943		NAME: Mary N. Camacho TELEPHONE NUMBER: 760-482-2666 or 2644 FAX NUMBER: 760-482-2751 INTERNET E-MAIL ADDRESS: jlisalisa@ivrop.org														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 912133310		7. TYPE OF APPLICANT: 7a. State Education Agency 7b. Local Education Agency														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service														
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Homeland Security Special Volunteer Prog		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: AYUDA 55														
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Cities of Brawley, Calexico and El Centro, California, Imperial County																
13. PROPOSED PROJECT: START DATE: 10/01/04 END DATE: 09/30/07		14. PERFORMANCE PERIOD: START DATE: END DATE:														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 23-APR-04														
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 189,253.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 46,770.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 7,621.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 39,149.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 236,025.00</td> </tr> </table>		a. FEDERAL	\$ 189,253.00	b. APPLICANT	\$ 46,770.00	c. STATE	\$ 7,621.00	d. LOCAL	\$ 39,149.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 236,025.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
a. FEDERAL	\$ 189,253.00															
b. APPLICANT	\$ 46,770.00															
c. STATE	\$ 7,621.00															
d. LOCAL	\$ 39,149.00															
e. OTHER	\$ 0.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 236,025.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Mary N. Camacho	b. TITLE: Superintendent	c. TELEPHONE NUMBER: 760-482-2666 or 2644														
		d. DATE: 04/23/04														

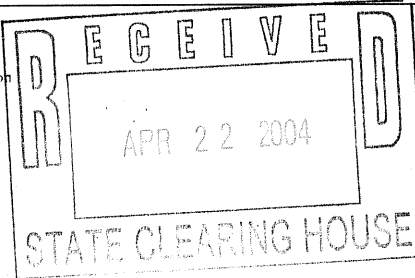
OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted:	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68-0281986		4. Date Rec'd by Federal	Federal Identifier L 00941104
6. DUNS Number: 808321913		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Elizabeth Haven (916) 341-5752	
8. Type of Application: New _____ <input checked="" type="checkbox"/> Revision _____ Continuation _____ If Revision, enter appropriate letter(s): <u>A</u> _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> _____ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.804 Title: State and Tribal Underground Storage Tanks Program		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: Develop and implement regulatory programs for the prevention, detection, and correction of releases from UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.	
13. Proposed Project: Start Date 7/1/03 End Date 6/30/04		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$212,014 b. Applicant \$0 c. State \$72,501 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$284,515		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: April 23, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APR 23 '04 06:59AM AQMD FINANCE APPLICATION FOR FEDERAL ASSISTANCE		P. 1 DUNS Number 025986159	
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT		Organizational Unit:	
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765		Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780	
6. EMPLOYER IDENTIFICATION (BIN): 953099419		7. TYPE OF APPLICANT: (enter appropriate letter here) <input checked="" type="checkbox"/> N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Regional Agency	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Other Specify:		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.034</u> TITLE: Surveys, Studies Investigations, Demonstrations and Special Purpose Activities Relating to the Clean Air Act		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: \$103 Clean School Bus USA	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			
Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties			
13. PROPOSED PROJECT:		14. CONGRESSIONAL	
Start Date	End Date	a. Applicant: 24-48	
6/2004	6/2006	b. Project: 24-48	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
		a. <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 4-22-04 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 495,000		
b. Applicant	\$ 255,000	\$245K for school buses (subject to Board approval) and \$10K Admin Expense	
c. State	\$ 0		
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 750,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative. Barry R. Wallerstein, D.Env.		b. Title: Executive Officer	c. Telephone No. (909) 396-2100
d. Signature of Authorized Representative		e. Date Signed	
			

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/13/04	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 04SF043626	4. DATE RECEIVED: 04/13/04	GRANT NUMBER: .03SFCA011														
5. APPLICATION INFORMATION																
LEGAL NAME: Mills-Peninsula Senior Focus ADDRESS (give street address, city, state and zip code): 109 S San Mateo Dr San Mateo CA 94401		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Donna Carpi TELEPHONE NUMBER: 6506964295 FAX NUMBER: 6506964179 INTERNET E-MAIL ADDRESS: carpid@sutterhealth.org														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942663918	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization															
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration																
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service																
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Mateo County FGP														
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): San Mateo County, California																
13. PROPOSED PROJECT: START DATE: 07/01/03 END DATE: 06/30/06		14. PERFORMANCE PERIOD: START DATE: END DATE:														
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 57,579.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 44,839.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 44,839.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 102,418.00</td> </tr> </table>		a. FEDERAL	\$ 57,579.00	b. APPLICANT	\$ 44,839.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 44,839.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 102,418.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 21-APR-04
a. FEDERAL	\$ 57,579.00															
b. APPLICANT	\$ 44,839.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 0.00															
e. OTHER	\$ 44,839.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 102,418.00															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Maureen Dunn	b. TITLE: Executive Director	c. TELEPHONE NUMBER: (650) 696-3643														
		d. DATE: 04/13/04														

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/13/04	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 04SC043611	4. DATE RECEIVED: 04/13/04	GRANT NUMBER: 03SCPCA009														
5. APPLICATION INFORMATION																
LEGAL NAME: Mills-Peninsula Senior Focus	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Donna Campi TELEPHONE NUMBER: 6506964295 FAX NUMBER: 6506964179 INTERNET E-MAIL ADDRESS: campid@sutterhealth.org															
ADDRESS (give street address, city, state and zip code): 100 S San Mateo Dr San Mateo CA 94401	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942663918	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 22 2004 STATE CLEARING HOUSE </div>															
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.015 10b. TITLE: Senior Companion Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Mateo County SCP															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): San Mateo County	14. PERFORMANCE PERIOD: START DATE: END DATE:															
13. PROPOSED PROJECT: START DATE: 07/01/03 END DATE: 06/30/06	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 21-APR-04															
15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO															
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 0.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 64,248.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 64,248.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 64,248.00</td> </tr> </table>	a. FEDERAL	\$ 0.00	b. APPLICANT	\$ 64,248.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 64,248.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 64,248.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. FEDERAL	\$ 0.00															
b. APPLICANT	\$ 64,248.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 0.00															
e. OTHER	\$ 64,248.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 64,248.00															
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Maurice Dunn	b. TITLE: Executive Director	c. TELEPHONE NUMBER: (650) 696-3643														
		d. DATE: 04/13/04														

PART I - FACESHEET**APPLICATION FOR FEDERAL ASSISTANCE**

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS): 04-20-04		3. a. DATE RECEIVED BY STATE: 4. a. DATE RECEIVED BY CNS:	1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>																		
5. APPLICANT INFORMATION LEGAL NAME: Sacramento County Sheriff's Citizen Corps Council ORGANIZATIONAL UNIT: ADDRESS (give street address, city, county, state and zip code): 9520 Bond Road Elk Grove, California 95624 County of Sacramento		3.b. STATE APPLICATION IDENTIFIER: 4.b. CNS GRANT NUMBER: NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Paul Tassone TELEPHONE NUMBER: (916) 875 - 0404 FAX NUMBER: (916) 875 - 0032 INTERNET E-MAIL ADDRESS: ntassone@sacsheriff.com																			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 - 0 3 7 1 3 0 4 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin: 0 auto;">N</div>																			
8. TYPE OF APPLICATION (Check appropriate box): <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-between; font-size: small;"> A. Increase Award B. Decrease Award C. Increase Duration </div> <div style="display: flex; justify-content: space-between; font-size: small;"> D. Decrease Duration E. Other (specify): </div>		<div style="font-size: x-small;"> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization O. Other (specify) _____ </div>																			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: RSVP: 94.002 FGP: 94.011 SCP: 94.016 <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> 9 4 0 0 2 </div>		9. NAME OF FEDERAL AGENCY: Corporation for National Service																			
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): County Of Sacramento Cities of Sacramento, Elk Grove, Folsom, Rancho Cordova, Citrus Heights		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Citizen Corps Council Homeland Security Project																			
13. PROPOSED PROJECT: START DATE: 07-01-04		END DATE: 06-30-05																			
14. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="width: 10%;">\$</td> <td style="width: 70%; text-align: right;">230,000.</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>c. STATE</td> <td>\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>d. LOCAL</td> <td>\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>e. OTHER</td> <td>\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>f. TOTAL</td> <td>\$</td> <td style="text-align: right;">230,000.</td> </tr> </table>		a. FEDERAL	\$	230,000.	b. APPLICANT	\$	0	c. STATE	\$	0	d. LOCAL	\$	0	e. OTHER	\$	0	f. TOTAL	\$	230,000.	15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04-22-04 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
a. FEDERAL	\$	230,000.																			
b. APPLICANT	\$	0																			
c. STATE	\$	0																			
d. LOCAL	\$	0																			
e. OTHER	\$	0																			
f. TOTAL	\$	230,000.																			
16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO		17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Lieutenant Paul Tassone		b. TITLE: Bureau Commander																			
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		c. TELEPHONE NUMBER: 916-875-0404																			
e. DATE SIGNED: 04-22-04																					

PART I - FACESHEET

OMB No. 3045-0035 Expiration Date 3/31/05

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

4/22/04

3. a. DATE RECEIVED BY STATE:

4. a. DATE RECEIVED BY CNCS:

1. TYPE OF SUBMISSION:

Application ☒ Non-Construction

3. b. STATE APPLICATION IDENTIFIER:

4. b. CNCS GRANT NUMBER:

5. APPLICANT INFORMATION

LEGAL NAME: County of Los Angeles

ORGANIZATIONAL UNIT: Los Angeles County Sheriff's Department

ADDRESS (give street address, city, county, state and zip code):

4700 Ramona Boulevard, Monterey Park

Los Angeles County

California 91754

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Michelle Day

TELEPHONE NUMBER: (323) 526 - 5212

FAX NUMBER: (323) 415 - 1388

INTERNET E-MAIL ADDRESS: grants@lasd.org

6. EMPLOYER IDENTIFICATION NUMBER (BIN):

95 - 6000927

7. a. TYPE OF APPLICANT: (enter appropriate letter in box)

B

- A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
O. Other (specify)
- H. Independent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Private Non-Profit Organization

7. b. CNCS APPLICANT CHARACTERISTICS

Enter appropriate code in each blank: 14

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

11. a. TITLE OF APPLICANT'S PROJECT:

Senior Emergency Response Volunteer Effort
(S.E.R.V.E.)

11. b. CNCS PROGRAM INITIATIVE (IF ANY)

Special Volunteer Program Homeland Security Initiative

14. PERFORMANCE PERIOD: Start Date 10/01/04 End Date: 09/30/04

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 4/22/04

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation.☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Leroy D. Baca

b. TITLE:

Sheriff

c. TELEPHONE NUMBER:

323-526-5000

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED: 4-22-04

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 15, 2003		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier A009059.04.0			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: San Diego County Air Pollution Control District			Organizational Unit: San Diego County Air Pollution Control District		
Address (give city, county, state, and zip code): 9150 Chesapeake Drive San Diego, Ca. 92123-1096			Name and telephone number of the person to be contacted on matters involving this application (give area code): PATRICIA SALY - Tel. No. (858) 650-4506		
6. EMPLOYER IDENTIFICATION (EIN): 33-0188416 DUNS: 009581646 PER Ferdinand Alvar 4-8-2004			7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):		
8. TYPE OF APPLICATION: 9. <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:			9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency/Region IX		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6-6-001 TITLE:			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: County Air Pollution Control Program maintenance of basic Air Pollution Control program and regional cooperative air quality planning process. Preparation, updating & implementation of plans for attaining & maintaining national ambient air quality standards.		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OR			
Start Date	End Date	a. Applicant:		b. Project:	
10-01-03	09-30-04	41, 42, & 43		41, 42, & 43 (Countywide)	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	990	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:			
b. Applicant	16,370,846	DATE:			
c. State	\$ 821,000.00	b. NO.			
d. Local	\$	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
e. Other	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 17,896,083.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative RICHARD J. SMITH		b. Title: Director, APC		c. Telephone Number (858) 650-4503	
d. Signature of Authorized Representative		e. Date Signed		July 15, 2003	

PATRICIA SALY - Chief, Air Pollution

AUTHORIZED FOR LO



RECEIVED

JUL 30 2003

GMO, PMD-7

Standard Form 424A (REV. 1/88)
Prescribed by OMB Circular A-102

California
Clearinghouse
916-323-8400
3018

OMB No. 3045-0035 Expiration Date 3/31/05

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>	
2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 4/22/04		3. a. DATE RECEIVED BY STATE:	
		3. b. STATE APPLICATION IDENTIFIER:	
		4. a. DATE RECEIVED BY CNCS:	
		4. b. CNCS GRANT NUMBER:	
5. APPLICANT INFORMATION			
LEGAL NAME: Housing Authority of the City of Los Angeles		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):	
ORGANIZATIONAL UNIT: Resident Relations Department		NAME: John Garcia	
ADDRESS (give street address, city, county, state and zip code): 2600 Wilshire Blvd., Third Floor Los Angeles, CA 90057		TELEPHONE NUMBER: (213) 252 - 1766	
		FAX NUMBER: (213) 252 - 5474	
		INTERNET E-MAIL ADDRESS: johng@hacla.org	
		WEBSITE: www.hacla.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6001623		7. a. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>	
8. TYPE OF APPLICATION (Check appropriate box): <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award: <input type="checkbox"/> B. Decrease Award: <input type="checkbox"/> C. Increase Duration: <input type="checkbox"/> to (enter date) D. Decrease Duration: <input type="checkbox"/> to (enter date) E. OTHER (specify): <input type="checkbox"/>		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization O. Other (specify)	
		7. b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: 12	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94 002 Name of Program: Special Volunteer Program		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): Los Angeles City, Los Angeles County, State of California		11. a. TITLE OF APPLICANT'S PROJECT: Housing Authority of the City of Los Angeles Special Volunteer Disaster Initiative	
		11. b. CNCS PROGRAM INITIATIVE (IF ANY)	
13. PROPOSED PROJECT: START DATE: 9/1/04 END DATE: 8/31/07		14. PERFORMANCE PERIOD: Start Date 9/1/04 End Date: 8/31/07	
15. ESTIMATED FUNDING: Check applicable box: Yr 1: <input checked="" type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$ 499,896.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/21/04	
b. APPLICANT	\$ 243,899.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. STATE	\$ 0.00		
d. LOCAL	\$ 15,100.00		
e. OTHER	\$ 8,750.00		
f. TOTAL	\$ 767,645.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Judy Luther		b. TITLE: Acting Executive Director	
c. TELEPHONE NUMBER: (213) 252-1810		d. DATE SIGNED: 4/20/04	
e. SIGNATURE OF AUTHORIZED REPRESENTATIVE: <i>Judy Luther</i>			

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 11, 2004	Applicant Identifier Project ID # 01-2
		3. DATE RECEIVED BY STATE	State Application Identifier 04-024-0942830284
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Buttonwood Villa Ltd.		Organizational Unit: a California Limited Partnership
Address (give city, county, State, and zip code): 1010 Racquet Club Drive, Suite 103 Auburn CA 95603		Name and telephone number of person to be contacted on matters involving this application (give area code) Tina Williams (530) 823-2477

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 8 — 0 3 0 5 4 3 0 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 auto;">N</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Limited Partnership</u> </div> </div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): <u>Subsequent Loan</u>	9. NAME OF FEDERAL AGENCY: USDA - Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 4 1 5 </div> TITLE: RRH-515	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Vintage West Apartments Improvements of existing 55 units (FmHA 515)
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Buttonwood, Merced County, California	

13. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14 b. Project 18
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">728,700⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">728,700⁰⁰</td> </tr> </table>	a. Federal	\$	728,700 ⁰⁰	b. Applicant	\$	⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	728,700 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No
a. Federal	\$	728,700 ⁰⁰																				
b. Applicant	\$	⁰⁰																				
c. State	\$	⁰⁰																				
d. Local	\$	⁰⁰																				
e. Other	\$	⁰⁰																				
f. Program Income	\$	⁰⁰																				
g. TOTAL	\$	728,700 ⁰⁰																				

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative John P. Casper	b. Title Co-General Partner	c. Telephone Number (530) 823-5206
d. Signature of Authorized Representative <i>John P. Casper</i>		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED Applicant Identifier	
3. DATE RECEIVED BY STATE State Application Identifier		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION DUNS # 078781416			
Legal Name: Bay Area Air Quality Management District		Organizational Unit:	
Address (give city, county, state, and zip code): 939 Ellis Street San Francisco, CA 94109		Name and telephone number of the person to be contacted on matters involving this application (give area code): Peter Hess, DAPCO (415) 749-497 & Ronald Raimondi, Finance Manager (415) 749-4	
6. EMPLOYER IDENTIFICATION (EIN): 9 4 1 6 2 2 7 4 6		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>6 6 0 3 4</u> TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Additional funding to support the District air monitoring of toxic trends in San Jose California <div style="text-align: right;">\$ 122,000.00</div>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, and parts of Solano, and Sonoma			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 7/25/04	End Date 7/25/05	a. Applicant: 02	b. Project: 04-13
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 122,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>4/20/04</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State			
d. Local			
e. Other			
f. Program Income		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 122,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: <u>Peter F. Hess</u>		b. Title: <u>DEPUTY</u>	
c. Telephone Number: (415) 749-4970		d. Signature of Authorized Representative: <i>Peter F. Hess</i>	
e. Date Signed: <u>4-19-04</u>			

APPLICATION
FOR PTFP FUNDSOMB Approval
0660-0003

APPLICATION PART I

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550Check here if
Revised FormFor PTFP
Use

1. APPLICANT

Legal Name Monterey County Office of Education
Organizational Unit Instructional Resources and Technology
Mailing Address (line 1) Post Office Box 80851
Address (line 2 if required) _____
City Salinas2. Employer
ID # (EIN) 94-60025443. DUNS # --Main
Station
Call
Letters

Radio MHz TV Channel

State CA County Monterey Zip 93912-0851

4. Administrative Contact

E-mail mmellon@monterey.k12.ca.usMr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Mr. Michael R Mellon Director, IR&TPhone # (831) 755-0383Fax # (831) 757-7029

5. Engineering Contact

Full Name Mr. Gerald Zimmer
Title EngineerEngineer Phone (831) 755-0389

E-mail _____

PROJECT INFORMATION

6a. Enter "Y" if
Reactivation N6b. Old
File # _____7. Enter "Y" if new
FCC authorizations
are required Y8. Enter the
Priority or
Category
under which
you request
the application
be reviewed

9. Enter letter(s) to classify project

(P)lanning or C (R)adio or (T)V T (B)roadcast or (N)onbroadcast N
(C)onstruction or (RT) for both or (BN) for both 10. Length of
Project (# of
months) 18

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column NEW BROADCAST REPLACE or DIGITAL NONBROADCAST
facility; repeater, augment BROADCAST conversion of public radio activation or expansion
translator, EQUIPMENT or TV station

Population Currently Served by station			72,993
First Service added by NEW proposed facility			0
ADDED SERVICE to those covered by others			19,625

Special Application

12. Single
Congressional
District of
Applicant1713. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)17

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 149,865
b. Applicant Share \$ 149,867
c. TOTAL \$ 299,732
d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

YES This application was made available to the
State EO 12372 process for review on//NO Program is not covered by EO 12372or Program has not been selected by
State for review16. Is applicant delinquent on
any Federal Debt?NOEnter YES or NO
If YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP
Rules if the assistance is awarded. Phone # (831) 755-0307Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Mr. Garry P Bousum Asst. Supt. Business and Administration ServiSignature of authorized
representativeDate
signed 3/30/04

Authorized for Local Reproduction

mmellon2

1

This form expires 10/31/2006 Previous Editions NOT usable

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

OMB Approval
0660-0003

18. Summary of application (Summarize the purposes of the application in a few sentences.)

The project extends the Monterey Bay Distance Learning Network (Internet2) to a rural high school in northern Monterey County. The project will provide high school and adult students with access to a broad range of distance learning resources that they need urgently for academic and economic development. The plan calls for the wireless connection of three additional elementary schools when the high school is connected.

19. Types of Applicant (Enter appropriate letter in box)

- A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Controlled Institute of Higher learning
- J. Private University
K. Indian Tribe
L. Individual (NOTE: Not eligible for PTFP funding)
M. Non-profit
O. Other (specify)

A

20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	27	1120	27	1120
Part-Time Staff	1	30	1	30
Volunteers	0	0	0	0
Operating Budget	\$ 3,311,502		\$ 3,315,000	

21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

☐

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☐

Date of expected qualification

☒

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year						
Next year						

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased
North Monterey County, CA	pending		North Monterey County High School		X
Salinas, CA	pending		MT Toro		X

23. Yes ☒ No ☐
(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
<input type="text"/>	<input type="text"/>
City	Call Letters
<input type="text"/>	<input type="text"/>
City	Call Letters
<input type="text"/>	<input type="text"/>

25. Areas affected by this Project (Cities, Counties, States, Etc.)

North Monterey County

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

Org Name: DEL NORTE CLINICS, INC.

OMB Approval No. 0348-0043
UDS Number: 090850APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Non-Construction _____ Non-Construction _____		2. DATE SUBMITTED 1/29/2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 6 H80CS00765-02-01 6 H80CS00765-02-01	
5. APPLICANT INFORMATION			
Legal Name: DEL NORTE CLINICS, INC.		Organizational Unit:	
Address (give city, county, state, and zip code) 935B MARKET STREET YUBA CITY, CA 95991 Sutter		Name and telephone number of the person to be contacted on matters involving this application (give area code) Karl F. Valrey, M.D. (530)674-4261	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1942210447A1		7. TYPE OF APPLICANT (enter appropriate letter in box) <u>N</u> A. State _____ H. Independent School Dist. _____ B. County _____ I. State Controlled Institution of Higher Learning _____ C. Municipal _____ J. Private University _____ D. Township _____ K. Indian Tribe _____ E. Interstate _____ L. Individual _____ F. Intermunicipal _____ M. Profit Organization _____ G. Special District _____ N. Other (Specify) _____ Public Non-Profit _____	
8. TYPE OF APPLICATION: New _____ <input checked="" type="checkbox"/> Continuation _____ Revision _____ If Revision, enter appropriate letter(s) in box(es) _____ A. Increase Award _____ B. Decrease Award _____ C. Increase Duration _____ D. Decrease Duration _____ Other (specify): _____		9. NAME OF FEDERAL AGENCY: HHS, BPHC	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Health Centers _____ Migrant Health Centers _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: A network of community clinics providing primary health care and dental services to migrant and seasonal farm workers and other underserved rural residents in five northern Sacramento Valley Counties.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties: Butte, Colusa, Glenn, Sutter, Yuba			
13. PROPOSED PROJECT: Start Date _____ Ending Date _____ 06/01/2004 05/31/2005		14. CONGRESSIONAL DISTRICTS OF a. Applicant _____ b. Project _____ 2, 4 2, 4	
15. ESTIMATED FUNDING: a. Federal 1,819,877.00 b. Applicant 0.00 c. State 2,798,494.00 d. Local 0.00 e. Other 386,251.00 f. Program Income 16,592,438.00 g. TOTAL 21,597,060.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 02/01/2004 b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Karl F. Valrey		b. Title Interim CEO	
c. Telephone Number (530) 674-4261		e. Date Signed 1/29/2004	
d. Signature of Authorized Representative Electronically Signed by: Karl F. Valrey, M.D.			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4-20-04	Applicant Identifier 04-146
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: City of Redding	Organizational Unit:
Address (give city, county, State, and zip code): 777 Cypress Ave Redding, CA 96001 (073780413)	Name and telephone number of person to be contacted on matters involving this application (give area code) Randy Bachman (530)225-4067
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 0 4 0 1	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; margin: 0 auto;">C</div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other(specify):</div> <div>C. Increase Duration</div> </div>	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; border: 1px solid black; padding: 2px;">6 6 — 6 0 6</div> TITLE: Surveys, Studies and Investigations and Special Purpose	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water and wastewater infrastructure improvements for the Redding Stillwater Industrial Park
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Redding and Anderson, Shasta County CA	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 4/1/05	Ending Date	a. Applicant CA 2	b. Project

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 385,700 ⁰⁰	a. <input checked="" type="radio"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/20/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 315,573 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 701,273 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Michael Warren	b. Title City Manager	c. Telephone Number (530) 225-4061
d. Signature of Authorized Representative 		e. Date Signed 4-20-04

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

4/19/04

Applicant Identifier

Version 7/03

1. TYPE OF SUBMISSION:

Application

Pre-application

3. DATE RECEIVED BY STATE

State Application Identifier

☐ Construction☐ Construction

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

☒ Non-Construction☐ Non-Construction

3. APPLICANT INFORMATION

Legal Name

NORTHPOINTE LEADERSHIP ACADEMY
(NPLA)

Organizational Unit

Northpointe Leadership Academy

Department

PRIVATE - K-6 SCHOOL

Organizational OUNS

Division

N/A

Address:

Street:

2434 E. NEES

City:

FRESNO

Country:

FRESNO

State:

CA

Zip Code

93720

Country:

Name and telephone number of person to be contacted on matters
involving this application (give area code)

Prefix

Dr.

First Name:

Peter

Middle Name

Last Name

ALVINO

Suffix

Email

TRIOALVINO@aol.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

35-1002000

Phone Number (give area code)

559-323-5002

Fax Number (give area code)

559-323-2536

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

Other (specify) NON-FOR PROFIT "N"

9. NAME OF FEDERAL AGENCY:

US DEPT OF COMMERCE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):

11-550

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

NPLA, PROJECT LIFE-DEMONSTRATION
3-YR SCHOOL AGE CHILDREN AND
FAMILIES(LOW INCOME /DISADVANTAGED

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

FRESNO, FRESNO CO, CALIFORNIA

13. PROPOSED PROJECT

Start Date:

10/01/04

Ending Date:

10/01/07

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

CALIFORNIA

b. Project

CALIFORNIA # 1

15. ESTIMATED FUNDING:

a. Federal

\$

\$142,025.00

b. Applicant

\$

\$157,090.00

c. State

\$

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$

\$299,115.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?a. Yes ☐THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON

DATE

b. No ☒

PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

DR.

First Name

C.

Middle Name

DEBORAH

Last Name

JOHNSON-DANIEL

Suffix

b. Title

CHAIR, EXECUTIVE CABINET

c. Signature of Authorized Representative

d. Date Signed

14 APR 04

Previous Edition Usable

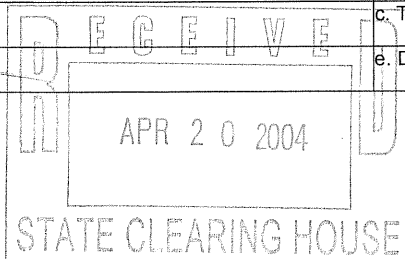
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Standard Form 424 (Rev. 9-2003)
Prescribed by GMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

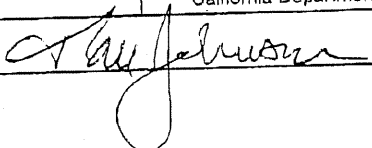
		2. DATE SUBMITTED 4/15/04	Applicant Identifier														
1. TYPE OF SUBMISSION: Application		3. DATE RECEIVED BY STATE	State Application Identifier														
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier														
5. APPLICANT INFORMATION																	
Legal Name: Community Action Agency of San Mateo Co.Inc.		Organizational Unit: Department:															
Organizational DUNS: 09-343-6137		Division:															
Address: Street: 930 Brittan Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)															
City: San Carlos		Prefix: Mr.	First Name: William														
County: San Mateo County		Middle Name: Francis															
State: CA		Last Name: Parker															
Zip Code 94070		Suffix:															
Country: USA		Email: grace@caasm.org															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2475728		Phone Number (give area code) 650-595-1342	Fax Number (give area code) 650-595-5376														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) 0 (Not for Profit Organization) Other (specify)															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">10-443</div> TITLE (Name of Program): Housing Preservation Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Renovation projects for low-income homeowners in the rural Coastside areas of San Mateo County.															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Coastside, San Mateo County, CA		9. NAME OF FEDERAL AGENCY: USDA, Rural Development															
13. PROPOSED PROJECT Start Date: 10/01/04 Ending Date: 9/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 12, 14 b. Project: 12, 14															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
<table style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td style="text-align: right;">\$ 100,000 .00</td></tr> <tr><td>b. Applicant</td><td style="text-align: right;">\$.00</td></tr> <tr><td>c. State</td><td style="text-align: right;">\$.00</td></tr> <tr><td>d. Local</td><td style="text-align: right;">\$.00</td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$.00</td></tr> <tr><td>f. Program Income</td><td style="text-align: right;">\$ 100,000 .00</td></tr> <tr><td>g. TOTAL</td><td style="text-align: right;">\$ 200,000 .00</td></tr> </table>		a. Federal	\$ 100,000 .00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$ 100,000 .00	g. TOTAL	\$ 200,000 .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/14/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 100,000 .00																
b. Applicant	\$.00																
c. State	\$.00																
d. Local	\$.00																
e. Other	\$.00																
f. Program Income	\$ 100,000 .00																
g. TOTAL	\$ 200,000 .00																
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Authorized Representative																	
Prefix Mr.		First Name William	Middle Name Francis														
Last Name Parker		Suffix															
b. Title Executive Director		c. Telephone Number (give area code) 650-595-1342															
d. Signature of Authorized Representative		e. Date Signed 04/15/04															
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CONTINUATION

OMB Approval No. 0348-0049

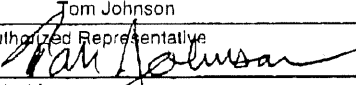
APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/09/04	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier FAI# 06-050
5. APPLICANT INFORMATION			
Legal Name: California Department of Veterans Affairs Address (give city, county, State, and zip code): 1227 "O" Street, Suite 314 Sacramento, CA 95814		Organizational Unit: Veterans Homes Division Name and telephone number of person to be contacted on matters involving this application (give area code): Robert M. Johnson, D.M.A. CDVA Capital Development Division 916 653-2176	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6038157		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) B A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Grants to States for Construction Projects 64-005 TITLE: State Home Construction Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Renovation of Electrical Distribution System (see enclosures)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California, Napa County, Town of Yountville			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date July, 2003	Ending Date July, 2006	a. Applicant Robert Matsul, 5th CA Congressional District	
15. ESTIMATED FUNDING:		b. Project Mike Thompson, 1st CA Congressional District	
a. Federal	\$ 1,353,599.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/09/04	
c. State	\$ 1,300,701.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 2,654,300.00	a. Type Name of Authorized Representative Thomas Johnson	
		b. Title California Department of Veterans Affairs	c. Telephone Number 916 653-2258
		d. Signature of Authorized Representative 	e. Date Signed 4/8/04

APPLICATION FOR FEDERAL ASSISTANCE

REVISION

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4/16/04	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-044
5. APPLICANT INFORMATION			
Legal Name: California Department of Veterans Affairs		Organizational Unit: Veterans Homes Division	
Address (give city, county, State, and zip code): 1227 "O" Street, Suite 314 Sacramento, CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code): Robert M. Johnson Capital Outlay and Construction Division 916 653-0240	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 9 4 - 6 0 3 8 1 5 7		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input checked="" type="checkbox"/> A <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Grants to States for Construction Projects 6 4 - 0 0 5 TITLE: Acquisition of State Homes Facilities		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Veterans Homes of California-Greater Los Angeles-Ventura Counties	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California: Cities of Los Angeles and Lancaster, County of Los Angeles Saticoy, County of Ventura			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date July, 2003	Ending Date June, 2008	a. Applicant Robert Matsui, 5th CA Congressional District	
15. ESTIMATED FUNDING:		b. Project Howard P. McKeon, 25th CA Congressional District (Lancaster) Elton Gallegly, 23rd CA Congressional District (Ventura) Henry A. Waxman, 29th CA Congressional District (West Los Angeles)	
a. Federal	\$ 92,712,868.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/19/04	
c. State	\$ 59,032,832.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 151,745,700.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Tom Johnson		b. Title Secretary California Department of Veterans Affairs	c. Telephone Number 916 653-2158
d. Signature of Authorized Representative 		e. Date Signed 4/16/04	

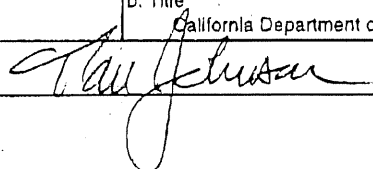
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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

REVISION

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		04/08/04	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier FAI# 06-046
5. APPLICANT INFORMATION			
Legal Name: California Department of Veterans Affairs		Organizational Unit: Veterans Homes Division	
Address (give city, county, State, and zip code): 1227 "O" Street, Suite 314 Sacramento, CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code) Robert M. Johnson, D.M.A. CDVA Construction Division 916 653-2176	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 3 8 1 5 7		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) B <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Grants to States for Construction Projects 6 4 — 0 0 5 TITLE: State Home Construction Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Renovate 1.25 Million Gallon Storage Tank and Transmission Lines (see enclosure)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California, Napa County, Town of Yountville			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date July, 2003	Ending Date March, 2005	a. Applicant Robert Matsui, 5th CA Congressional District	
15. ESTIMATED FUNDING:		b. Project Mike Thompson, 1st CA Congressional District	
a. Federal	\$ 888,303.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/09/04	
c. State	\$ 851,377.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 1,739,680.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Thomas Johnson		b. Title California Department of Veterans Affairs	c. Telephone Number 916 653-2158
d. Signature of Authorized Representative 		e. Date Signed 4/8/04	

APPLICATION FOR
FEDERAL ASSISTANCE

REVISION

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		04/08/04	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier FAI# 06-048
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
California Department of Veterans Affairs		Veterans Homes Division	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
1227 "O" Street, Suite 314 Sacramento, CA 95814		Robert M. Johnson, D.M.A. CDVA Construction Division 916 653-2176	
6. EMPLOYER IDENTIFICATION NUMBER (EIN)		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
9 4 - 6 0 3 8 1 5 7		<input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		Department of Veterans Affairs	
If Revision, enter appropriate letter(s) in box(es)			
<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration Other(specify): _____			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
Grants to States for Construction Projects		Annex 1 Renovation (Alzheimer/Dementia Unit) (see enclosure)	
TITLE: State Home Construction Grants			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
State of California, Napa County, Town of Yountville			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
July, 2003	March, 2005	Robert Matsui, 5th CA Congressional District	Mike Thompson, 1st CA Congressional District
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 8,791,654.30	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE 04/09/2004	
c. State	\$ 6,404,945.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 15,196,600.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
Thomas Johnson		California Department of Veterans Affairs	916 653-2158
d. Signature of Authorized Representative		e. Date Signed	
[Signature]		4/8/04	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/14/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION				Organizational Unit:	
Legal Name:				Department:	
Organizational DUNS:				Division:	
Address:				Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:				Prefix: First Name: LINDA	
PO BOX 413				Middle Name	
City: UKIAH				Last Name: MCQUEEN	
County: MENDOCINO				Suffix:	
State: CA Zip Code: 95482				Email:	
Country:				Phone Number (give area code) Fax Number (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2797280				(707)463-0303 (707)463-0637	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)				7. TYPE OF APPLICANT: (See back of form for Application Types) 501(C)3 Other (specify) NON-PROFIT CORPORATION (CBO)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-433				9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT	
TITLE (Name of Program):				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LAKE/MENDOCINO REHAB ASSISTANCE-PROJECT 5	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
13. PROPOSED PROJECT Start Date: 10/1/2004 Ending Date: 10/1/2005				14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 100,000				a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/14/2004	
b. Applicant \$ 100,000				b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State \$				<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local \$				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other \$				<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income \$					
g. TOTAL \$ 200,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative				Middle Name	
Prefix First Name LINDA				Suffix	
Last Name MCQUEEN				c. Telephone Number (give area code)	
b. Title EXECUTIVE DIRECTOR				(707) 463-0303	
d. Signature of Authorized Representative				e. Date Signed 4/14/2004	

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OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/16/03	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <u>DC Regents, Davis</u> <u>Larry D. Godfrey</u>		Organizational Unit: Dept: of Entomology	
Address (give city, county, State, and zip code): Dept. of Entomology, 367 Briggs Hall One Shields Avenue, University of Calif. Yolo County, Davis, CA 95616		Name and telephone number of person to be contacted on matters involving this application (give area code) Mary McNally, 530-754-7670	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6036494 DUNSH		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> I A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. EPA Region 9 Paul Feder (CMD-4-1)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-714 TITLE: Pesticide Environ. Stewardship		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Improved Managment of the Egyptian Alfalfa Weevil in California Alfalfa to Protect Environmental Quality	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Counties			
13. PROPOSED PROJECT 2/25/04 4/30/05 Start Date Ending Date 10/1/03 9/30/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant I b. Project I APR 19 2004	
15. ESTIMATED FUNDING: Rev P.O. Der a. Federal \$ 40,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 40,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/19/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Mary McNally, Ph.D. Contracts and Grants Officer		b. Title RECEIVED JUL 21 2003 GMO, PMD-7	
d. Signature of Authorized Representative Mary McNally		c. Telephone Number 530-754-7670 e. Date Signed 7-18-03	

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Prescribed by OMB Circular A-102

APPLICATION
FOR PTFP FUNDSOMB Approval
0660-0003

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550Check here if
Revised FormFor PTFP
Use

APPLICATION PART I

2. Employer
ID # (EIN)

95-4302067

1. APPLICANT

Legal Name Community Partners FBO Los Angeles Radio Reading ServiceOrganizational
Unit Los Angeles Radio Reading ServiceMailing Address
(line 1) 6216 Sylvia AvenueAddress (line 2
if required)City TarzanaState CACounty Los AngelesZip 91335-Main
Station
Call
LettersKCSN FM 88.5

Radio

MHz

TV

Channel

3. Administrative Contact

E-mail jolie@larrs.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mrs. EugenieJolie MasonProject DirectorPhone # (818) 345-2874Fax # (818) 678-0884

4. Engineering Contact

Full Name Mr. Dick BurdenEngineer
Phone(818) 340-4590Title Engineering Advisor

PROJECT INFORMATION

5a. Enter "Y" if
Reactivation N5b. Old
File #6. Enter "Y" if new
FCC authorizations N
are required

7. Enter letter(s) to classify project

(P)lanning or C
(C)onstruction(R)adio or (T)V R
or (RT) for both(B)roadcast or (N)onbroadcast N
or (BN) for both8. Length of
Project (# of
months) 12

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast
Station, Repeater or
Translator; 1st local
originationFIRST service added by
proposed facilityADDED SERVICE to those
covered by othersB. Broadcast
Equipment
Replacement,
AugmentationCURRENTLY served by
applicant.C. Digital TV
ConversionCURRENTLY served by
applicant.Enter "Y" if a
multi-year
applicationD. Nonbroadcast
(e.g. Distance
Learning
Activation or
Expansion)CURRENTLY served by
applicant.140,000NEW service added by proposed
facility15,00010. Enter the
Priority or
Category
under which
you request
the application
be reviewedSpecial A

13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 13,596b. Applicant Share \$ 4,532c. TOTAL \$ 18,128d. Fed. % of eligible costs 75.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact
Office of PTFP program is not selected for state
review. Otherwise enter Yes.NO15. Is applicant delinquent on any Federal Debt?
Enter YES or NO. If YES, attach explanation.NO11. Single
Congressional
District of
Applicant3012. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)25, 27, 28, 29, 31, 35

16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (818) 345-2874

Mr., Ms., Dr. First Name

M. I.

Last Name

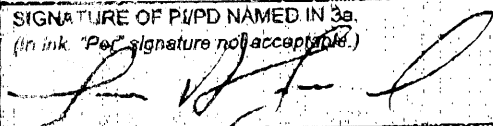
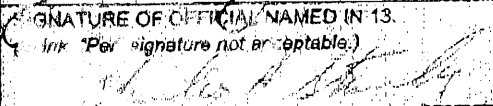
Jr. etc

Position

Mrs. EugenieJolieMasonProject DirectorSignature of authorized
representativeDate
signed3 April 2003

Form Approved Through 05/2004

OMB No. 0925-0001

Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed character length restrictions indicated.</i>		LEAVE BLANK - FOR PHS USE ONLY. Type _____ Activity _____ Number _____ Review Group _____ Formerly _____ Review Board (Month, Year) _____ Date Received _____	
1. TITLE OF PROJECT (Do not exceed 56 characters, including spaces and punctuation.) Enhancement of Faculty Biomedical Research Support			
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (If "Yes," state number and title) Number: RFA-MD-04-003 Title: Research Infrastructure in Minority Institutions (RIMI)			
3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR 3a. NAME (Last, first, middle) Fernandez, Louis 3c. POSITION TITLE Provost & Vice President of Academic Affairs 3d. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT Academic Affairs 3f. MAJOR SUBDIVISION College of Natural Sciences 3g. TELEPHONE AND FAX (Area code, number and extension) TEL: (909) 880-5024 FAX: (909) 880-7015		New Investigator <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 3b. DEGREE(S) Ph.D. 3d. MAILING ADDRESS (Street, city, state, zip code) 5500 University Parkway San Bernardino, CA 92407 E-MAIL ADDRESS: lfemand@csusb.edu	
4. HUMAN SUBJECTS RESEARCH <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," Exemption No. _____ 4b. Human Subjects Assurance No. 00004685 4c. NIH-defined Phase III Clinical Trial <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		5. VERTEBRATE ANIMALS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 5a. If "Yes," IACUC approval Date _____ 5b. Animal welfare assurance no. _____	
6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY) From 10/01/04 Through 09/30/09		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD 7a. Direct Costs (\$) \$571,456	
		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT 7b. Total Costs (\$) \$680,704 8a. Direct Costs (\$) \$3,067,260 8b. Total Costs (\$) \$3,813,020	
9. APPLICANT ORGANIZATION Name Foundation for Ca. State University San Bernardino Address 5500 University Parkway San Bernardino, CA. 92407 Institutional Profile File Number (if known): _____		10. TYPE OF ORGANIZATION Public: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Local Private: <input type="checkbox"/> Private Nonprofit For-profit: <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Women-owned <input type="checkbox"/> Socially and Economically Disadvantaged 11. ENTITY IDENTIFICATION NUMBER DUNS NO. 030579213 Congressional District 41	
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name James F. Sando Title Executive Director Address 5500 University Parkway San Bernardino, CA. 92407 Tel: (909) 880-5970 FAX: (909) 880-7036 E-Mail jsando@csusb.edu		13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name Charles A. Stanley Title Director, Sponsored Programs Administration Address 5500 University Parkway San Bernardino, CA. 92407 Tel: (909) 880-5929 FAX: (909) 880-7036 E-Mail stanley@csusb.edu	
14. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.		SIGNATURE OF PI/PPD NAMED IN 3a. (In ink "Per" signature not acceptable.) 	
15. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF OFFICIAL NAMED IN 13. (In ink "Per" signature not acceptable.) 	

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission



Application



Preapplication

2. Date Submitted

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Santiago Sunrise Village MOBILE PARK HOME

8. Organizational Unit

Santiago Sunrise Village MOBILE PARK HOME CORPORATION

9. Address (give city, county, State, and zip code)

A. Address: 1500 East San Rafael

B. City: Palm Springs

C. County: Riverside

D. State: California

E. Zip Code: 92262

10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Richard Simonian

B. Title: President

C. Phone: (714) 289-8091

D. Fax: (714) 744-3955

E. E-mail:

11. Employer Identification Number (EIN) or SSN

33 0719913

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)



A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency US Department of HUD

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

Title: FHA Section 207

Component Title:

16. Descriptive Title of Applicant's Program

Section 207 with sub rehab waiver

17. Areas affected by Program (boroughs, cities, counties, States,

Indian Reservation, etc.) Palm Springs, Riverside County, California

18a. Proposed Program start date

18b. Proposed Program end date

19a. Congressional Districts of Applicant

105th

19b. Congressional Districts of

Project

45

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes ☐ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____

B. No ☒ Program is not covered by E.O. 12372

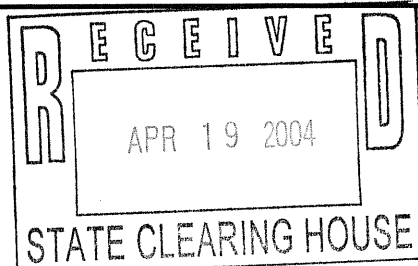
☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?



No

☐ Yes If "Yes," explain below or attach an explanation.



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	\$3,770,000								\$3,770,000
Grand Totals									

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

Rick Andrews

Title

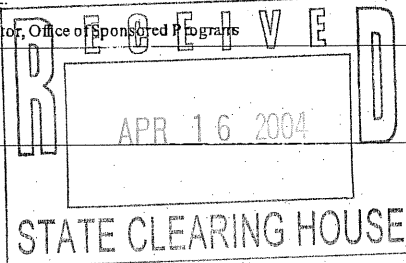
Director

Date (mm/dd/yyyy)

4/15/04

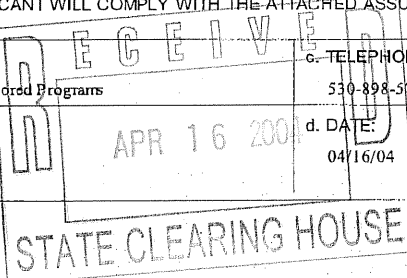
PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/16/04	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 04SC043111	4. DATE RECEIVED: 04/16/04	GRANT NUMBER: 02SCP CA046
5. APPLICATION INFORMATION		
LEGAL NAME: The CSU, Chico Research Foundation		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Carol A. Childers TELEPHONE NUMBER: 530-898-4307 FAX NUMBER: 530-898-4870 INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu
ADDRESS (give street address, city, state and zip code): Office of Sponsored Programs Kendall Hall, Room 114 Chico CA 95929 - 0870		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 680386518		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. 4-year college
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Chico SCP
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Butte, Glenn, Colusa, Tehama and Plumas Counties		
13. PROPOSED PROJECT: START DATE: 07/01/02 END DATE: 06/30/05		14. PERFORMANCE PERIOD: START DATE: END DATE:
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 16-APR-04
a. FEDERAL \$ 78,036.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
b. APPLICANT \$ 52,151.00		
c. STATE \$ 16,838.00		
d. LOCAL \$ 13,159.00		
e. OTHER \$ 14,176.00		
f. PROGRAM INCOME \$ 7,978.00		
g. TOTAL \$ 130,187.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jeff Wright	b. TITLE: Director, Office of Sponsored Programs	c. TELEPHONE NUMBER: 530-898-5700
		d. DATE: 04/16/04



PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/16/04		3. DATE RECEIVED BY STATE:	
2b. APPLICATION ID: 04SC043111		4. DATE RECEIVED: 04/16/04	
5. APPLICATION INFORMATION		STATE APPLICATION IDENTIFIER:	
LEGAL NAME: The CSU, Chico Research Foundation		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (<i>give area codes</i>):	
ADDRESS (<i>give street address, city, state and zip code</i>): Office of Sponsored Programs Kendall Hall, Room 114 Chico CA 95929 - 0870		NAME: Carol A. Childers TELEPHONE NUMBER: 530-898-4307 FAX NUMBER: 530-898-4870 INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 680386518		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. 4-year college	
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Chico SCP	
12. AREAS AFFECTED BY PROJECT (<i>List Cities, Counties, States, etc</i>): Butte, Glenn, Colusa, Tehama and Plumas Counties			
13. PROPOSED PROJECT: START DATE: 07/01/02 END DATE: 06/30/05		14. PERFORMANCE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 16-APR-04	
a. FEDERAL \$ 78,036.00			
b. APPLICANT \$ 52,151.00			
c. STATE \$ 16,838.00			
d. LOCAL \$ 13,159.00			
e. OTHER \$ 14,176.00			
f. PROGRAM INCOME \$ 7,978.00			
g. TOTAL \$ 130,187.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jeff Wright		b. TITLE: Director, Office of Sponsored Programs	
		c. TELEPHONE NUMBER: 530-898-5700	
		d. DATE: 04/16/04	



PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/16/04	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 04SF043110	4. DATE RECEIVED: 04/16/04	GRANT NUMBER: 02SFPCA035
5. APPLICATION INFORMATION		
LEGAL NAME: The CSU, Chico Research Foundation		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Carol A. Childers TELEPHONE NUMBER: (530) 898-4307 FAX NUMBER: (530) 898-4870 INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu
ADDRESS (give street address, city, state and zip code): Office of Sponsored Programs Kendall Hall, Room 114 Chico CA 95929 - 0870		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 680386518	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. 4-year college	
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Csu Chico FGP	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Butte and Colusa Counties		
13. PROPOSED PROJECT: START DATE: 07/01/02 END DATE: 06/30/05		14. PERFORMANCE PERIOD: START DATE: END DATE:
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 16-APR-04
a. FEDERAL \$ 282,145.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
b. APPLICANT \$ 65,537.00		
c. STATE \$ 0.00		
d. LOCAL \$ 55,985.00		
e. OTHER \$ 9,552.00		
f. PROGRAM INCOME \$ 0.00		
g. TOTAL \$ 347,682.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jeff Wright	b. TITLE: Director, Office of Sponsored Programs	c. TELEPHONE NUMBER: 530-898-5700
		d. DATE: 04/16/04

